SOCIODEMOGRAPHIC AND TRAINING PROFILE OF NURSE SPECIALISTS IN MENTAL HEALTH

PERFIL SOCIODEMOGRÁFICO E FORMATIVO DE ENFERMEIROS ESPECIALISTAS EM SAÚDE MENTAL

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ABSTRACT

Objective: To characterize the sociodemographic and training profile of resident nurses graduated at the Multidisciplinary Residency in Mental Health. **Method:** This is a quantitative study including 13 resident nurses graduated at the residency in mental health. Data collection took place from June to October 2017, through a multiple choice structured survey and having the following variables: age, sex, color, place of birth, training before and after residence, employment before and residence, time of entry into the job market, field of expertice and administrative nature. **Results:** 54% (7) of nurses had between 20-30 years, 77% (10) were female and self-declared black. Regarding academic background, 39% (5) and 85% (8) respectively underwent extra training before and after the residency program, and 100% were employed in public institutions**. Conclusion:** The profile of graduated resident nurses shown to be formed by black and young women, all of them inserted into the job market in the public sector.

Keywords: Non-Medical Iinternship; Mental Health; Education; Specialization; Nursing

RESUMO

Objetivo: Caracterizar o perfil sociodemográfico e formativo de enfermeiros egressos da Residência multiprofissional em saúde Mental. **Métodos:** Trata-se de um estudo quantitativo com 13 enfermeiros egressos da residência em saúde mental. A coleta de dados ocorreu de junho a outubro de 2017, com instrumento fechado usando as variáveis: idade, sexo, cor, naturalidade, capacitação antes e depois da residência, vínculo empregatício anterior à residência e após, tempo de ingresso no mundo do trabalho, área de atuação e a natureza administrativa. **Resultados:** 54% (7) dos enfermeiros apontaram ter entre 20-30 anos, 77% (10) eram do sexo feminino e autodeclarados negras. Sobre a formação acadêmica, 39% (5) e 85% (8) respectivamente realizaram capacitação antes e após a residência e 100% estão empregados em instituições públicas. **Conclusão / Considerações finais:** O perfil de enfermeiros egressos evidenciou mulheres, negras e jovens, em sua totalidade inseridas no mundo do trabalho em vínculos empregatícios públicos.

Palavras-chave: Internato Não Médico; Saúde Mental; Educação; Especialização; Enfermagem.

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INTRODUÇÃO

The profile study of graduates from the Multiprofessional Residency allows to identify the congruence or discrepancy between the training process and the pedagogical political project proposed by the residency that aims to train qualified human resources for the Unified Health System (SUS). Under this perspective, it is recommended by the National Policy for Permanent Education in Health (PNEPS) an evaluation of the residency graduates profile in order to provide scientific support for the construction of new teaching strategies at the training institutions and contribute to improvements in the pedagogical political project [1,2].

Thus, studying the sociodemographic and training profile of nurses graduating from the Multiprofessional Residence in Mental Health (RMSM) is to collaborate with the formative dimension in mental health that is focused on the comprehensive and humanized care of the subject in psychological distress. It also contributes to the consolidation of the principles of psychiatric reform and to the legal framework of the National Mental Health Policy through actions beyond hospitals and devices in the mental health care network, in order to provide the insertion of these individuals in the territory and community, in addition to promoting their social skills [2-4].

The National Mental Health Policy, in line with the PNEPS, recommends the training of qualified human resources to consolidate humanized care in mental health. The policy proposes the training of professionals for a differentiated performance in SUS, focusing on teamwork, multidisciplinarity and integrated practices and actions to promote changes in services in order to consolidate the principles of SUS in convergence with a model of care that understands the subject and its uniqueness [2,5].

In view of this, it is relevant to know the nurses profile graduating from the multiprofessional residency in mental health in order to contribute with scientific subsidies for structural changes in the pedagogical project and multiprofessional residences formative space. Consequently, it collaborates with the critical-reflexive training of nurses in line with Psychiatric Reform principles and the anti-asylum struggle movement, in order to contribute to the training of increasingly qualified SUS human resources and capable of meeting the needs and local realities and provide comprehensive and humanized mental health care to the population [4,5].

In this sense, the present work seeks answering the question "What is the sociodemographic and training profile of nurses graduating from the Multiprofessional Residence in Mental Health?" with the general objective of characterizing the sociodemographic and training profile of nurses graduated at the Multiprofessional Residence in Mental Health.

METHOD

This research is part of a Federal University of Bahia sponsored project by means of a support program for young doctors (PROPESQ) entitled "Professional trajectory of nurses graduating from multiprofessional residency programs in health care and in a professional health care area in the state of Bahia."

This is a descriptive, exploratory study with a quantitative approach in which the empirical field was the Federal University of

Bahia Nursing School (EEUFBA). The study sample consisted of 13 nurses graduated from Multiprofessional Residencies in Mental Health of public institutions in the State of Bahia, who completed the course from 2007 to 2017.

The inclusion criteria for this study was "nurses who completed their course between January 2007 and January 2017", and the exclusion criteria was "nurses who completed their courses while being employee", as the study seeks to identify the insertion of graduates in the world of work. In the case of a graduate that had an employment relationship, but stayed away from the job to take the training course, it was not possible to assess the insertion.

The time frame is justified by the year of regulation of the Multiprofessional Residency Program in Health by the Interministerial Ordinance MEC / MS No. 2,117 in November 2005.

Data collection took place initially through the reading of lists of students approved at the Multiprofessional Residence in Mental Health, that were consulted on search web pages in order to obtain the names of those approved at the residence program and possible residents graduated at the program. After an active search in the approval lists of the RMSM notices, 24 nurses were identified. Two of the candidates approved at the 2014 and 2016 selections did not complete the residency, therefore, they were not able to participate in the study. Of the remaining 22 nurses, it was possible to contact 13 nurses through the Lattes Platform, social networks and other media. Data collection was done through online video conferencing platforms with 7 nurses and in person with 6 of them, using a structured survey with multiple choice questions, there in order to characterize the sociodemographic and training profile of nurses graduating from the multiprofessional mental health residency in the state of Bahia.

The variables analyzed: age, sex, marital status, race / color, training before and after the course, employment before and after the course, time of entry into the job market after the course, curent employment, field of expertice and administrative nature of the current job.

Data collection started after the project was approved by the Ethics and Research Committee (CEP) of Hospital Geral Roberto Santos. In the first contact, each interviewee was informed about the research, its objectives and the importance of participating in the study. After explanations and agreement, the instrument (survey) was applied face-to-face and/or through online video conferencing platforms that allowed the recording and registering of interviews according to the nurse's availability. Data collection was organized in a Microsoft Excel spreadsheet with subsequent construction of tables with relative and absolute values.

The research was approved by the Research Ethics Committee of Hospital Geral Roberto Santos in Salvador, Bahia, under opinion 1,606,558, dated 06/2016.

RESULTS

The study participants were 13 nurses, who graduated in residency programs. The sociodemographic characterization is shown in table 1.

Table 1- Sociodemographic characterization of resident nurses graduated in Multiprofessional Residency Programs in Mental Health regarding age, sex, race/color, and place of birth. Salvador, BA, Brasil, 2018.

Variables	N	%
Age		
20-30 years old	7	54
30-40 years old	6	46
Sex		
Female	10	77
Male	3	23
Race/Color		
African American	10	77
Hispanic	1	8
Caucasian	2	15

Source: survey data

In regard to formative characterization and the analysis variables: extra training before and after the residency and insertion in the job market after the courses, data are shown in table 2.

Table 2- Formative characterization of Nurses graduated from the Multiprofessional Residence in Mental Health regarding training before and after residency, employment before residency, time of entry into the job market after residency, current employment, field of expertise, administrative nature of the employment. Salvador, BA, Brazil, 2018.

Variables	N	%
Prior training (before residency)		
Yes	5	39
No	8	61
Training after residency		
Yes	11	85
No	2	15
Employment before residency		
Yes	6	46
No	7	54
Time of entry into the job market after residency		
Immediate	5	38,5
Until 6 months	5	38,5
More than 7 months	3	23
Current employment		
Sim	12	92

Não	1	8
Field of Expertise		
Teaching	5	39
Assistence	8	61
Aministrative nature of the employment		
Public	13	100

Source: survey data

As for training prior to residency, it can be noted that 5 (39%) of the residency graduated nurses undertook postgraduate studies lato sensu in different areas of knowledge, and after residency 11 (85%) undertook training. Among these, 7 (54%) was a strictu sensu postgraduate studies at the academic master's level, and 4 (30%) was a lato sensu postgraduate studies in different areas of knowledge.

DISCUSSION

The study identified that 10 (77%) of the participants were female nurses. This data corroborates the profile studies of residence graduates in Intensive Care and Obstetrics, which showed the female hegemony in nursing in face of the historical construction, as well as the feminization of health work[6,7].

Historically, nursing has established itself as a female occupation, as caring is seen as a vocation and inherent to its essence, thus, care professions are established as more appropriate for women. This has interfered in the construction of the professional identity of the nurse, mainly in Brazil, where the first nursing schools sought to select an ideal type of woman, that is, caucasian, cultured and young, and that does not include black men and women[2,8].

According to data from the Nursing Profile in Brazil survey, 42.3% of the female nursing staff declare themselves caucasian, and when adding hispanic (41.5%) and black (11.5%), it reaches 53%. However, when analyzing separately, 57.9% of male nurses consider themselves caucasian, 31.3% hispanic and 6.6% black. When adding hispanic and black, they represent 37.9%. When we analyze assistants and technicians, 44.5% declare to be hispanic, 37.6% caucasian and 12.9% black. When adding hispanic and blacks, it reaches 57.4%. The research data show caucasian hegemony in academic nursing education, findings that differ from the profile shown in the present study, in which 77% (10) of nurses declared themselves black[9].

Nurse's stereotyped representation was constructed based on a gender-racial pattern formed by causasian women from noble families. This contributed to the formation of nurses's professional identity in an exclusive and discriminatory manner, in which black women were incompatible with the proposed standard image and occupied positions considered to be socially less prestigious, represented by the positions of technical level[2,10].

Being black and a woman in society are factors that enhance social vulnerability and make them experience various barriers and obstacles of gender and race that compromise their social ascension and insertion in the job market. Academic advancement is still a challenge, given the caucasian hegemony, and this is more

striking when it comes to the inclusion of black women in graduate school. However, the present study shows a reality different from the hegemonic one experienced in Brazil[10-13].

The study showed that in addition to self-declared blacks, nurses make up a young profile that is between 20 and 30 years old and entered the residency course soon after graduation. These data are in line with that recommended by the multiprofessional residency program that encourages the training of young professionals to work in the SUS, according to the guidelines expressed in law 11.129 / 2005, which establishes the multiprofessional residency in health[7,14].

Other studies show that newly graduated nurses in Brazil do not feel prepared to practice the profession, therefore, entering the residence after graduation allows a transition to the job market with more security in view of the development of skills and abilities to improve their professional practice and the development of expertise in a given area of knowledge[15,7].

This data converges with another study carried out with residents in Toronto, Canada, in which recently graduated professionals report a lack of confidence in their competence and fear of making mistakes in service. [16]. In this way, the residence acts as a facilitator by providing support to the newly graduated[1].

The residency course acts as a contributory instrument for training in human resources, as well as facilitating access to the world of work. Nursing graduates who are inserted in the job market begin to work in the field of mental health with a maximum of one year of waiting after completion of residency. Those professionals who left the residency are easier absorbed by the job market, considering the practical experience in service provided by the residency, which develops specific skills and abilities to the resident and builds the professional profile desired by the employer[9,14,17,18].

In this context, 100% of the graduated nurses work in public employment relationships, data that corroborate with the proposal of the multiprofessional residency for training qualified human resources for SUS. The governmental investment of the multiprofessional residence aims to develop a training program focused on professionals capable of modifying current practices and developing a new culture of interventions and understandings about health within the scope of SUS[15].

The multiprofessional residency proposes teamwork with the involvement of professionals from different areas of knowledge, so that this coexistence allows the exchange of experiences and the construction of new understandings that enable the comprehension of the individual in a whole perspective, despite a holistic care capable of meet the real health needs[14,17].

It is unquestionable, the relevance of actions and experiences of multidisciplinary residencies in health for SUS and the training of qualified professionals. The result of the study reflected that recommended by the pedagogical project of the residency in the training of professionals for the SUS and thus, 61% of the nurses in the study work in care activities at SUS legal mental health devices and 39% work in docence, teaching in components of Mental Health in Public Institutions[15].

From the perspective of a qualified training, nurses seek scientific improvement and greater professional qualification after

residency, a fact that can be observed in any study, as 85% of nurses underwent stricto sensu graduate studies at the academic master's level after completing the course. The production of knowledge is a key element for the scientific advancement of nursing. The search for nursing professionals for stricto sensu postgraduate courses fosters research and scientific evidence that contribute to the improvement of professional practice, construction of new knowledge and scientific development[2,14].

The development of skills and competences in resident nurses is indisputable. However, studies show that nurses who work in mental health report difficulties in exercising their professional role due to the lack of clarity in the competencies and skills inherent in care. Thus, the qualification in mental health acts as an essential device in the professional identity of nurses and recognition of their role and professional practice, preparing them for mental health care[3,4].

The Ministry of Health admits that a training policy on human resources in mental health is necessary to consolidate the national mental health policy, as well as the principles of psychiatric reform. There are few training courses in mental health, and the existing ones are centralized in large cities, in addition to being little publicized. The training of nurses for mental health care seeks to ensure quality care for individuals in mental distress in line with the recommendations of the National Mental Health Policy[3,19].

It is worth mentioning the study's limitation, since it was not possible to contact all nurses who were discharged due to the infeasibility of contact. The location of their names was difficult, since it occurred through the approval lists in the multiprofessional residence in mental health.

CONCLUSION

The profile of nurses graduating from the Multiprofessional Residence in Mental Health was characterized by 10 (77%) women, 11 (84.6%) blacks and hispanic, in the age group of 28 and 30 years. 100% of nurses work in public employment relationships, 61% in the healthcare field and 39% working in docence, and after completing the residency course, 11 (85%) pursued stricto sensu graduate studies at the academic master's level.

The study showed that in its entirety the nurses who graduated are inserted in the job market in the field of mental health in public bonds, relevant data given the specificity of the area, stigma with mental health care, performance limited to the mental health network devices and negligible private services when compared to the distribution of services from other areas of knowledge. Thus, the study revealed that even in this scenario, nurses were acquitted by the job market and work in the field of mental health.

The study allowed to unveil aspects of the academic and professional trajectory of nurses graduating from the multidisciplinary mental health residency. In view of the structural limitations of the psychosocial care network, there was a complete insertion in the job work, mainly in in assistance services. In this scenario, nurses continue in a constant process of professional training, which is one of the principles of the residency, by encouraging professionals in the constant training process

and thus offering quality human resources for mental health care.

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