



## The nursing team work process in Children and Adolescents Psychosocial Care Centers

Processo de trabalho da equipe de enfermagem em Centros de Atenção Psicossocial Infanto-Juvenil

Proceso de trabajo del equipo de enfermería en Centros de Acompañamiento Psicossocial Infantil y Juvenil

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### ABSTRACT

**Objective:** To know the nursing team work process in Children and Adolescents Psychosocial Care Centers in a city of the state of São Paulo. **Method:** This is a qualitative, descriptive, and exploratory study, based on the approach of historical and dialectical materialism, carried out with the nursing team through participant observation and semi-structured interviews. **Results:** Eleven subjects from the nursing team participated in the study. The nursing team work process emerges from the dialectical tension of two categories: the non-knowledge, based on the alienation of the nursing work process and subordination to the knowledge of the multidisciplinary team, and the knowledge based on the nursing clinic outlined within the biological and relational perspectives. **Conclusion:** The nursing team work process takes place when guided by a non-knowledge resulting from alienation due to the knowledge of the other, and by knowledge through the implementation of the Nursing Process through the Nursing Care Systematization based on a biological perspective, considering relational and administrative aspects, which emerges as a contradiction.

### DESCRIPTORS

Psychiatric Nursing; Nursing Process; Work; Child; Mental Health.

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## INTRODUCTION

The Psychiatric Reform (RP) movement in Brazil, which began in the 1970s, advocates the transformation of the mental health care model and the construction of a new social place for madness<sup>(1)</sup>. As a strategy of deinstitutionalization, the Psychosocial Care Centers (CAPS - *Centros de Atenção Psicossocial*) were created, the function of which is to offer intensive care to patients with severe psychiatric conditions without using hospitalization<sup>(1)</sup>. In this new model, aiming at mental health care for children and adolescents, from 2002 onwards, the Children and Adolescents Psychosocial Care Centers (CAPSij - *Centros de Atenção Psicossocial Infante-Juvenil*) were created<sup>(1)</sup>.

CAPSijs are strategic services focused on mental health care for children and adolescents in intense psychological distress based on the psychosocial care model, which assumes a role that goes beyond the technical way of treating, ensuring listening, since when talking about themselves, children and adolescents see possibilities to find new meanings and new forms of insertion in society and the family<sup>(2)</sup>. Thus, they are part of a network consisting of a set of health care services and of other sectors, the center of which is the subject in distress<sup>(3)</sup>. However, CAPSij have been implemented in an irregular and uneven manner in the country, in insufficient quantity to face the demand<sup>(3)</sup>.

Adding to this problem, when considering the field of mental health for children and adolescents in the research, little is mentioned about the construction of health care and attention networks for this public<sup>(3)</sup>. Considering mental health care for children and adolescents provided specifically by nurses, scientific production is even more scarce, and a large part of the research addresses the relationship of the family with the child who has a mental disorder and little refers to the nursing care actions for the child<sup>(4)</sup>. In addition, nurses, nursing technicians, and nursing assistants do not have disciplines aimed at caring for this audience in their education<sup>(5)</sup>.

In practice, the nursing work process in mental health aims to develop actions to understand individual suffering in the psychological, social, and political spheres, identifying the subject's psychosocial needs and overcoming the tutelary paradigm<sup>(6-7)</sup>. In this context, nursing theories are fundamental to the construction of knowledge and professional practice, allowing the development of the triad theory, research, and practice<sup>(8)</sup>. In view of the practice of psychiatric nursing, a widely used theory is that of interpersonal relationship, which takes place between nurse-patient, as it supports the process of apprehending and validating the patient's experiences, considering the way in which energy and information flow between two people<sup>(9)</sup>.

Therefore, this study is justified due to the scarce literary production when it comes to the nursing work in assisting children and young people in the field of mental health in the Brazilian context, which contributes to an academic education, during undergraduate courses, which does not address this care specialty<sup>(5)</sup>, which may result in unprepared professionals and, consequently, in

unqualified assistance that may not meet the needs of this public. The aim of this study is to understand the nursing team work process in CAPSij in a municipality in the state of São Paulo.

## METHOD

### TYPE OF STUDY

This is a qualitative, descriptive, and exploratory study, based on the approach of historical and dialectical materialism, "characterized by the movement of thought through the historical materiality of men's life in society", discovering the fundamental laws defining its organization<sup>(10)</sup>.

The principle of contradiction, present in this method, indicates that, to think about reality, it is possible to accept contradiction, walk through it, and apprehend what is essential from it<sup>(10)</sup>. Based on this logic, moving thought means reflecting on reality from the empirical and, through abstractions, reaching "a more elaborate understanding of what is essential in the object"<sup>(10)</sup>.

Nursing practice requires the development of skills that are able to follow the historical moment and the global transformations, since it is inserted in the scientific environment and has care for human beings as a work object<sup>(11)</sup>. Therefore, the method of historical and dialectical materialism constitutes an action guide, as it allows the historical analysis of the nursing work process and its philosophical strand<sup>(11)</sup>.

### LOCAL

The present study was developed in three of the four CAPSijs located in Campinas, an inland city of the state of São Paulo, which has a Psychosocial Care Network with the objective of creating, expanding, and articulating points of health care for people with mental distress or disorders, including CAPS III, CAPS Ad, CAPSij, Beds for psychiatric hospitalization in General Hospitals, among others<sup>(2)</sup>.

### SELECTION CRITERIA

The research subjects were all those who were part of the nursing teams from the three CAPSij studied, which consist of nurses, nursing technicians, and nursing assistants. The inclusion criteria used were: being part of the nursing team of one of the CAPSijs, working in the service for a year or more, and being present during the data collection period.

### DATA COLLECTION

The strategies for data collection, carried out from November 2019 to January 2020, were participant observation and interview. Participant observation allows immersion in the research scenario, with the active participation modality being adopted, which allows the researcher to move around, facilitating a detailed and in-depth observation in different situations<sup>(12)</sup>. This was carried out by the main researcher, totaling 150 hours of observation distributed in the three CAPSijs studied. The interview, in its turn, allows in-depth exploration of

the respondents' experiences, leading to an understanding of how the different phenomena of interest are experienced and perceived<sup>(13)</sup>. They were carried out by the main researcher in the participants' work environment, in private rooms during breaks on duties, with an average duration of 23 minutes.

The interviews followed a semi-structured script, allowing the exploration of the questions presented by the respondent<sup>(13)</sup>, with the following guiding questions: "Tell me what the work you do is in this CAPSij", "Choose a day of your work and tell me what your tasks are" and "How is your work with children with mental disorders?". The interviews were recorded in digital audio and later transcribed, being analyzed together with notes of the researcher's impressions recorded in fieldnotes. The participants' anonymity was maintained by coding with the terms "AE" for nursing assistants, "TE" for nursing technicians, and "E" for nurses, related to the statements from individual interviews, followed by Arabic numerals.

### DATA ANALYSIS AND TREATMENT

Data analysis was performed based on content analysis, a qualitative data description process to represent groups of responses through the establishment of categories and identification of the frequency with which they occur. Jointly, thematic analysis (TA), a process of interpreting qualitative data, was used with the aim of finding meaningful patterns among data<sup>(14)</sup>.

TA follows the steps below for its execution: 1. Familiarization with the data, maintaining exhaustive contact with the material, and formulation of initial codes. 2. Grouping of codes generated in related ideas, so that all relevant data is associated first with the individual codes and then with the main themes. 3. Following themes identification, they shall be named and illustrated using data that capture their essence. 4. Exploration of the relation of the themes with each other and with the context in which they emerged, changing from the simple description of data to their meanings, with the situation in the existing literature on the subject being required<sup>(14)</sup>.

### ETHICAL ASPECTS

The research project was subjected to the Research Ethics Committee of *Universidade de Campinas* and approved under protocol No. 3.646.481/2019. Data collection was performed after the respondents signed the Informed Consent Form, respecting the ethical principles described in Resolution No. 466/2012, which approves guidelines and regulatory standards for research involving human beings.

### RESULTS

Eleven subjects from the nursing team participated in the study, with two nursing assistants, five nursing technicians and four nurses, totaling two interviews in the first CAPSij, three in the second and six in the third. The work process of these professionals in CAPSij emerges from the dialectical tension of two categories, presented below.

### THE NON-KNOWLEDGE: ALIENATION FROM THE NURSING WORK PROCESS AND SUBORDINATION TO THE KNOWLEDGE OF THE MULTIDISCIPLINARY TEAM

Through the speeches, it is possible to identify that the professionals show a mismatch between what they learned in their training and what they do in the service. Moreover, they do not clearly demarcate what the nursing team does at CAPSij, since what they recognize as work, such as administering medication to patients, is not often performed.

*As a nursing assistant, we do very little activity as we learned in our nursing assistant and technician course (AE1).*

*What does the nursing team do at CAPS? It is a very, very complicated role. [...] In the mental sector it is much more your inner self that you put (AE2).*

*There is very little of the nursing core issue, [...] CAPS's demand is very low for issues of nursing, of medication, of taking care (TE1).*

It was also possible to observe how the nursing work in the CAPSij is delimited by the knowledge of the other, who conducts care. It is observed that the team names their position as co-therapists, making their work dependent on other professionals.

*I let therapists act more, see the patient (TE2).*

*So they say that we are co-therapists. And then we enter the groups and kind of help them, according to the focus of the group, in each case (TE3).*

Considering teamwork in the field of mental health, it is possible to observe that nursing professionals expect an opinion from other team workers to develop their work.

*And if, together with the therapist, together with the psychiatrist, they think some medication intervention is necessary, then they call us, and we do the medication preparation and administer it there, but everything verbally (TE2).*

Nursing professionals also mention the presence of a nurses' station at the service, as well as the construction of the Nursing Care Systematization (SAE - *Sistematização da Assistência de Enfermagem*) of patients, but as rules to be followed due to external inspection.

*We have the station, it has to follow the standards required by Coren [Nursing Council] (TE4).*

*Coren has already been here in an inspection, 100% of users have to have SAE (E1).*

### THE KNOWLEDGE: THE NURSING CLINIC OUTLINED WITHIN THE BIOLOGICAL AND RELATIONAL PERSPECTIVES

The findings in this category show that nursing knowledge occurs through the development of the Nursing Process (NP) in the nursing embracement and consultation, through SAE. A concern by the professionals to establish a conversation and provide well-being to patients through activities can be observed.

*The nursing consultation, we take the opportunity to do the embracement, ask those questions about history, family history,*

personal issues, and get the diagnosis, [...] then there is an instrument from our SAE and we complete it during the consultation (E2).

So it's the nursing's role [...] this part of talking, seeing, approaching, providing well-being, proposing activities [...] of a game to try to relax a little, and through that activity we can access a little better, start a conversation, know: so, how was the weekend? (TE4).

However, according to the nursing team's knowledge, SAE in some cases is performed based on the biological perspective, recognizing the body as the place of care, bringing it closer to that developed in the hospital.

In an SAE, usually in a hospital, you will measure the pressure, you will see if the patient slept well, how the progression is running, if the patient ate well. In our case, we currently have few children who spend the day here, so there is not much available for us to have this parameter. [...] Last week it was W. who was medicated, so maybe on that day he had undergone an SAE, but then it will take time, on the one hand, it's good that we don't have crises every day, because an SAE in a hospital is done on all shifts (TE5).

Nursing professionals, when describing their work process, point out management situations, behavioral assessment, child complaints, and group activity considering the psychiatric diagnosis.

I don't focus only on listening, [...] I also give a direction. And I try to work on the more behavioral issues, which many of them have. They are for management, to indicate the behavior (E3).

I think my job is to try to see a relationship of behavior and complaint, to see if it makes sense, to try to understand the distress, to also try, thinking about the child's or adolescent's complaint, what we, as a service, will be able to offer (E4).

In the groups, it depends on the proposal of the activity and on the group, so we do something more circumscribed for some children who have some attention deficit and hyperactivity, then reading and writing, some who have a more oppositional, more aggressive problem, so we help in this management, develop some activities (E2).

It was also possible to observe that nursing professionals recognize their work when they work in situations of crisis that demarcate an intervention on the body, and they articulate the clinic to the biological perspective.

What is clear as a role, I think, that is exclusive to nurses [...] it is the assistance to the patient in situations of crisis, we need to carry out chemical and physical restraint. At CAPS, the participation of nurses, I think it is indispensable when there is a medical situation (E4).

Also when talking about nursing work, professionals describe the elaboration of a time schedule, technical procedures, and supervision of the nursing team. They indicate the work as charge nurse as a characteristic of the work.

We make the shift schedule, [...] if there is some medication to be given we do it, [...] if there are any dressings to be made, we also do that, the bathing assistance (TE2).

I supervise them (E3).

It is something that remains for us, the work as charge nurse. [...] So let's suppose, a request for a vacancy, [...] it is always directed to the nurse (E4).

Finally, it is possible to observe how nursing professionals identify their work as potent, built from the discussion of their views, feelings, and perceptions about the case. In addition, the work is defined as a space for exchange, in which the professionals mention their improvement in group or individual care.

I think that nursing is very powerful within the mental health service, it is always the largest team (E4).

The team get together in a general meeting, regardless of being the nursing technician, everyone can speak in the same way about their view, the way they saw the case, what they witnessed, [...] telling what they heard or felt about the case, the perception they had (TE5).

The assistance I give enriches me, I am super satisfied. Participating in a family group, and providing individual care, either with the patient or the family member, enriches me and I like to do it (AE2).

## DISCUSSION

The mismatch between what professionals learned in their training and what they do in the service can be corroborated by the historical process of the education of health care professionals, based on criteria that emphasize biological aspects, the fragmentation of knowledge, and the strengthening of the dichotomy between theory and practice<sup>(8)</sup>.

The Brazilian RP made its mark on the criticism of the classic psychiatric model and introduced new care practices, based on the psychosocial model, which drove great transformations in nursing care for people with mental disorders<sup>(15)</sup>. This change of the model has become a strong argument in favor of the need to rethink psychiatric nursing education, which emphasizes health care for different audiences, but without specifying the age group to be considered, which corroborates the lack of reports in the literature from nursing teaching institutions that address the specialty of child and adolescent mental health care in their syllabus. Therefore, the teaching reality is not consistent with the demands for assistance of the new mental health care devices<sup>(2,15)</sup>.

Consequently, nursing professionals do not clearly define their work in CAPSij. The lack of reflection, a consequence of alienated teaching, fragments the nursing team role, making them engage in work that is not exclusively the responsibility of their profession, which may distort their professional identity<sup>(6)</sup>.

Such distortion is also found when nursing professionals identify that their work is not always developed at CAPSij, being recognized by them only in its practical dimension, based on techniques, which corroborates the idea that their work is alienated, as it takes place when there is "loss of the reflective function due to technical domination, transforming thinking into an automatic and instrumentalized process"<sup>(16)</sup>.

Another aspect that demarcates the nursing team non-knowledge emerges when their performance is restricted as they are alienated from the place of those who care and recognize therapy as the work of the other. This alienation outline emerges from the social and technical division of labor, and reproduces ideological and political relations of social classes that reinforce social inequality and the difference between the owner of knowledge and the owner of the workforce, demarcating a relationship of domination<sup>(6)</sup>.

The nursing team names other professionals on the team as therapists and authorizes their performance to the detriment of the nursing team's own action. As the work is not well defined for themselves, the other professionals also do not recognize it, this resulting in the assignment of simplistic activities that can be performed by any professional<sup>(6)</sup>. In the study sites, this can be observed on the creation of the role of "co-therapist". One consequence is that this professional is taken from the place of therapeutic agent, and is made a subordinate to the knowledge of the multidisciplinary team, what can disrupt the development of the psychiatric nursing clinic<sup>(6)</sup>.

Therefore, even with the existence of nursing theories guiding mental health care, such as the theory of interpersonal relationships, nursing professionals still subordinate their work to the knowledge of other professionals on the team.

When considering teamwork in CAPS, it is possible to observe that nursing professionals are called upon by the team to provide care that is close to the model of assistance characterized for ensuring hygiene, self-care and medication<sup>(17)</sup>.

Alienation is also present when there is subordination to the rules of external institutions. This is so because work, when alienated, is the way through which the individuals lose themselves and are alienated from their own essence, since the result of their work is for the other and never for themselves<sup>(18)</sup>. As a result, professionals perform several actions, such as establishing and maintaining a nursing station and having SAE, because they are demanded by the Regional Nursing Council.

However, if on the one hand non-knowledge based on the lack of formal preparation and alienation was identified in nursing practice in child and adolescent mental health care, on the other hand knowledge based mainly on the NP structured by the SAE can be identified.

NP guides care actions and assists the nursing team in the perception of the individuals' health problems, in planning and implementing their actions, and evaluating the results<sup>(19)</sup>. It becomes central because it allows a greater range in the assessment of the patient's health status, favoring the nursing team to assume an autonomous position as therapeutic agents, which qualifies the assistance<sup>(7)</sup>.

NP is understood as a methodological framework for the construction of SAE, conceptualized as a dynamic, flexible, organized method used in nursing practice to guide the work of nurses, contributing to the delimitation of their own field of knowledge and to their independence in relation to other areas of knowledge<sup>(19)</sup>.

The use of SAE in conjunction with NP as a method of care guidance was a finding of the study, but this practice

shall be conceptualized, considering that nursing can use several scientific theories to support their work. An alternative is the theory of interpersonal relationship, described by Peplau, who considers the central work of nursing as one focused on the interpersonal nurse-patient relationship and on the use of presence and empathy, maintaining an exclusive focus on the patients with the objective of knowing their perspective towards themselves and their situation<sup>(9)</sup>.

The results of this study point to SAE as a method for carrying out embracement, understood as a "tool for the humanization of health care services, with qualification of listening and favoring the construction of bonds"<sup>(20)</sup>. It is close to nursing care since "both involve the establishment of interpersonal relationships aiming at comfort, recognition of the user as a subject endowed with objective and subjective conditions and who is inserted in a context of life"<sup>(20)</sup>, allowing the elaboration of the nursing history, the first step of NP.

In this study, nursing professionals open space for the therapeutic relationship when they recognize conversation as specific to their work process. In mental health, moments of interaction are developed through therapeutic communication, understood as the construction of a collaborative relationship and focused on health, aiming at establishing trust to create a meaningful exchange<sup>(21)</sup>.

The therapeutic relationship can also be implemented during activities that are performed in the services, such as games, which can characterize the act of playing, an essential activity to the child's physical, emotional, mental, and social well-being<sup>(22)</sup>. Well-being, in the interpersonal relationships theory, is achieved when the patient builds adaptations through naming, by the nursing professional, of their patterns of thoughts, behaviors, and feelings<sup>(9)</sup>.

However, SAE performed in the services revealed a contradiction, since the place of care is recognized from the biological perspective, which finds direct application when a physical complaint is observed, and this can nullify the subject's subjectivity involved in the process. SAE needs to transcend the prescription of technical procedures insofar as it shall be used as an instrument to provide comprehensive care to the patient<sup>(19)</sup>.

Traditionally, the mental health nursing team works within the biomedical model of care, focusing its attention on diagnosis, treatment, and symptom reduction<sup>(23)</sup>. As a consequence, the place of care is the body, which is possible to observe when they approach their practice to the hospital practice, moving care away from the psychosocial model, which shall include emancipatory, embracing actions, listening, care, and coping with stigmas, considering each one's singularities, and aiming at improving the patients' quality of life<sup>(2,17)</sup>.

The management by professionals comes close to behavioral assessment for definition of management. The behavioral perspective is an active approach, focused on the problem and aimed at reducing emotional distress and increasing adaptive behavior in patients with mental health problems<sup>(24)</sup>. Nursing professionals, when using this method in conjunction with the psychosocial care model, can develop interventions in a strategic way, fitting them into the steps of NP.

As for the evaluation, NP allows a greater range for its performance on the individual's health status, since the focus of care shall be directed to the recognition of its uniqueness and the "individual meaning of the experience of psychological distress in its social, political and cultural context, not being restricted to psychopathological symptoms and psychiatric diagnosis"<sup>(2,7)</sup>.

Therapeutic groups, on their turn, are an important tool for listening to the reports of the group's experiences, through respect for "sociocultural diversity, focused on comprehensive care, on expanding the bond between health professionals and people, on health education, on autonomy development, and the promotion of self-care"<sup>(25)</sup>.

However, the therapeutic groups proposed by the professionals are based on the psychiatric diagnosis, which goes back to the practice based on the biomedical care model. There is, therefore, some tension between the medical and nursing diagnoses, and it is possible to observe that nursing professionals carry out their interventions based on the knowledge of another profession.

Being based on the biomedical model to develop the nursing work process also influences the way these professionals recognize their practice in situations of crisis, which require intervention on the biological body. The nursing team work, in these cases, is guided by the technical opinion of the Federal Nursing Council No. 427/2012, which attributes the use of mechanical restraint, except in urgent and emergency situations, exclusively to the nurse, or by the protocols established by the health institutions<sup>(26)</sup>.

Regarding the moments when there are medical demands, more precisely physical care such as dressings, hygiene care, and verification of vital signs, these shall be seen as an integral part of the service, opening space for nurse-patient interaction and therapeutic listening, and not as a technical and automatic moment<sup>(6)</sup>.

Furthermore, nursing professionals identify administrative and team supervision roles in their work process, as they recognize their characteristic as charge nurses. This reflects the direction and execution poles of the profession's work process, that is, the administrative and assistance aspects of care that result from the technical division of labor: the nurses administering it and the technicians and assistants performing it<sup>(27)</sup>.

Nursing supervision allows better planning, implementation, and evaluation of care, as well as the nursing team work guidance<sup>(28)</sup>. When service professionals recognize themselves as charge nurses, a role characterized by the ability to motivate the performance of tasks to achieve excellence at work<sup>(29)</sup>, they are not alienated because of other professionals, but because of administrative aspects, not including direct patient care.

The recognition of their power happens when they establish a relationship, both when they relate with the team for the construction of the case, and when there is relational exchange in individual and group care. Therefore, they make a cut of the work in the biomedical model and advance in the psychosocial model when they are in relationships. However, when referring to the patient as a "case", they reinforce the presence of the biomedical view of the patient, which is

disconnected from the psychosocial care model, which considers the case as a collective construction in its articulation with the Singular Therapeutic Project<sup>(2)</sup>.

Thus, the advancement to nursing work with children in CAPSij happens when there is a foundation of knowledge with a clear delimitation of the theoretical framework, which can be supported by nursing theories, through the use of NP and the recognition of the professional as a therapeutic agent in times of physical care. Through NP, the professionals recognize themselves as transforming agents, which allows the use of nursing diagnoses for the elaboration of care. The moments of attention to physical health, through techniques, as well as the development of activities, such as playing, build room to opening for the elaboration of the relationship and therapeutic listening, which allows work based on the subject's subjectivity. Thus, the nursing work process with children and youth in CAPSij will move towards the psychosocial care model.

However, as the main limitation of this study, it is possible to point out that the nursing team work process takes place in a delimited historical and social context, apprehended in the method of historical and dialectical materialism, and, therefore, its results may not address the practice of all nursing professionals considered in a broader context. Another limitation is related to the respondents' different educational backgrounds, namely nurse assistants, nurse technicians or nurses, and this difference impacts on the work process, such as the execution of the NP, since nurses can formulate and carry out all steps, while technicians and assistants participate only in its implementation.

## CONCLUSION

This study reached the objective of knowing the work process of the nursing team in CAPSij, which happens mainly in two moments. One of them when professionals recognize their work process through non-knowledge based on the mismatch between what they learned in their training and what they do in the service, in the role of co-therapist alienated to the knowledge of the other, waiting for the opinion of other professionals, and in subordination to external bodies. The other happens in autonomous practice based on the knowledge developed by the NP through SAE from a biological perspective, in the elaboration of activities, management of situations, behavioral assessment, child complaints, and group activities, in the promotion of well-being, in situations of crisis and clinical demands, technical procedures, administrative aspects, team supervision, charge positions, in case construction, and in the place of exchange with professionals and patients.

The contribution of this study is evidenced by the contradiction present in the nursing team work process, which could be apprehended by the dialectical tension between the basis of assistance based on the medical diagnosis, which brings it closer to the biological perspective, and the psychosocial model of care for the construction of the therapeutic relationship. This tension can be an effect of the path that the nursing professional takes between the mental health field and the psychiatric nursing nucleus.

## RESUMO

**Objetivo:** Conhecer o processo de trabalho da equipe de enfermagem em Centros de Atenção Psicossocial Infanto-Juvenil de um município do estado de São Paulo. **Método:** Estudo qualitativo, descritivo e exploratório, embasado na abordagem do materialismo histórico e dialético, realizado com a equipe de enfermagem por meio de observação participante e entrevistas semiestruturadas. **Resultados:** Participaram 11 sujeitos da equipe de enfermagem. O processo de trabalho da equipe de enfermagem emerge da tensão dialética de duas categorias: o não saber, pautado na alienação do processo de trabalho de enfermagem e na subordinação ao saber da equipe multiprofissional, e o saber pautado na clínica de enfermagem delineada entre as perspectivas biológica e relacional. **Conclusão:** O processo de trabalho da equipe de enfermagem acontece quando pautado em um não saber pela alienação ao saber do outro, e em um saber por meio da implementação do Processo de Enfermagem pela Sistematização da Assistência de Enfermagem na perspectiva biológica, considerando aspectos relacionais e administrativos, o que se configura como uma contradição.

## DESCRIPTORIOS

Enfermagem Psiquiátrica; Processo de Enfermagem; Trabalho; Criança; Saúde Mental.

## RESUMEN

**Objetivo:** Conocer el proceso de trabajo del equipo de enfermería en Centros de Acompañamiento Psicossocial Infantil y Juvenil de un municipio de la provincia de São Paulo. **Método:** Estudio cualitativo, descriptivo y exploratorio, basado en el abordaje del materialismo histórico y dialéctico, realizado con el equipo de enfermería por medio de observación participante y entrevistas semiestruturadas. **Resultados:** Participaron 11 miembros del equipo de enfermería. Su proceso de trabajo surge de la tensión dialéctica de dos clases: el no saber, basado en la alienación del proceso de trabajo de enfermería y la subordinación al saber del equipo multiprofesional, y al saber basado en la clínica de enfermería diseñada entre la perspectiva biológica y relacional. **Conclusión:** El proceso de trabajo del equipo de enfermería ocurre cuando basado en un “no saber” por la alienación al saber de uno, y en un saber a través de la implementación del Proceso de Enfermería por la Sistematización del Acompañamiento de Enfermería en la perspectiva biológica, considerando aspectos de relación y administración, lo que se define como una contradicción.

## DESCRIPTORIOS

Enfermería Psiquiátrica; Proceso de Enfermería; Trabajo; Niño; Salud Mental.

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