


ADMISSION FORM FOR THE PSYCHOLOGY SERVICE FOR NEUROSURGICALS

*FORMULÁRIO DE ADMISSÃO DO SERVIÇO DE PSICOLOGIA PARA PACIENTES
NEUROCIRÚRGICOS*

*FORMULARIO DE ADMISIÓN AL SERVICIO DE PSICOLOGÍA PARA PACIENTES
NEUROQUIRÚRGICOS*

 Eskarlete Peres Xavier¹

ABSTRACT

This work involves the construction of an admission form for the psychology service subsidized by the professional practice of multidisciplinary residency. The objective of this work was to develop an admission psychological care form, constructed during the period of multidisciplinary residency in the neurosurgical ward of a hospital. The construction took place in the following stages: 1) bibliographic survey in articles that addressed the use of admission forms used in psychology services, specifically in surgical sectors; 2) the axes for the composition of the form seized from the reading, the study of these instruments found and public documents consulted were listed, 3) the construction of the form was carried out. It was observed the importance of systematizing this first care in order to record the primary demands that are crucial in the development of the professional's actions during the period of psychological follow-up.

Keywords: *Health Psychology; Anamnesis; Psychology.*

RESUMO

Este trabalho trata-se da construção de um formulário de admissão para o serviço de psicologia subsidiada pela prática profissional de residência multiprofissional. O objetivo foi elaborar um formulário de atendimento psicológico de admissão, construído durante o período de residência multiprofissional na enfermaria neurocirúrgica de um hospital. A construção deu-se nas seguintes etapas: 1) levantamento bibliográfico em artigos que abordam a utilização de protocolos admissionais em serviços de psicologia, especificamente em setores cirúrgicos; 2) foram elencados os eixos para a composição do formulário apreendidos da leitura, do estudo desses instrumentos encontrados e documentos públicos consultados, 3) foi realizada a construção do instrumento. Observou-se a importância de sistematizar este primeiro atendimento de forma a registrar as demandas primárias que são cruciais no desenvolvimento das ações do profissional durante o período do acompanhamento psicológico.

Descritores: *Psicologia da Saúde; Anamnese; Psicologia.*

RESUMEN

Este trabajo implica la construcción de un formulario de admisión al servicio de psicología subsidiado por la práctica profesional de la residencia multidisciplinaria. El objetivo de este trabajo fue desarrollar un formulario de atención psicológica de ingreso, construido durante el período de residencia multidisciplinaria en la sala de neurocirugía de un hospital. La construcción se llevó a cabo en las siguientes etapas: 1) encuesta bibliográfica en artículos que abordaron el uso de formularios de admisión utilizados en los servicios de psicología, específicamente en los sectores quirúrgicos; 2) se enumeraron los ejes para la composición del formulario incautado de la lectura, el estudio de estos instrumentos encontrados y los documentos públicos consultados, 3) Se llevó a cabo la construcción del tapón. Se observó la importancia de sistematizar esta primera atención para registrar las demandas primarias que son cruciales en el desarrollo de las acciones del profesional durante el período de seguimiento psicológico.

Descritores: *Salud psicológica; Anamnesia; Psicología.*

¹ Hospital Geral de Fortaleza. Fortaleza/CE - Brasil. 

INTRODUCTION

The role of the psychology professional in the hospital context can be identified from the needs during the period of the Second World War, in the time frame from 1939 to 1945. Healthcare professionals working in hospitals during the war witnessed military personnel addressing demands related to psychological disorders arising from the hospitalization period, where behavioral changes and cognitive impairments were observed after traumatic events¹. In Brazil, the first practices of Psychology in general hospitals date back to the 1950s, but its expansion occurred in the 1970s, after the regulation of the profession. The most significant insertion occurred from the 2000s onwards, when hospital practice gained consistency².

The hospital psychologist works in secondary and tertiary level healthcare service institutions. This action occurs alongside the triad: patient, family members, and multiprofessional team, aiming to achieve the well-being of the patient and the actors involved in the illness process. It also seeks to provide support at different levels of treatment, with the main objectives being to assess and monitor the psychological demands of individuals for the elaboration of the physical and/or psychological illness process, regardless of specialty³.

The way hospital admission occurs can be decisive throughout the patient's hospitalization process. These aspects are related to how the patient and accompanying person will face the period of hospitalization, influenced by multifactorial aspects of treatment⁴. However, effective psychological interventions can reduce these impacts.

There are multiple forms of assessment that the psychology professional can use. Such assessment is not limited to the use of tests or mere observation of the subject, but occurs in a multidirectional manner and goes beyond simple measurement. It constitutes a comprehensive and systematic analysis with results obtained quantitatively through psychological tests or qualitatively through open interviews and subjective observation⁵. It is worth noting that the instruments used for conducting these assessments, both initial and investigative, do not result in a final and/or fixed conclusion regarding the patient's health status. Neurology is dedicated to the study, diagnosis, and treatment of diseases that affect the central and peripheral nervous systems⁶. The psychologist's role in this field goes beyond hospital psychological clinical practice, but requires the professional to assess psychological aspects that will emerge from the pathological manifestations that will present themselves and macroscopically influence this individual. One cannot fail to aim at health promotion in tertiary care as a way to break away from a purely curative logic, but to provide actions that allow the individual to experience, within possible quality of life, not only focusing on illness⁷.

In the field of neurosurgery where this research is conducted, in addition to dealing with the illness, the patient needs to undergo a surgical event. There is an understanding that this patient needs to adapt to the new changes, taking into account the various disruptions in their daily life, and such an event can cause permanent changes⁸. The work of the psychologist in the neurosurgical ward requires more than recognizing neurological pathologies and their psychological implications. It is necessary to observe the biopsychosocial aspects related to the subjectivity of the individual.

This study is justified primarily by the strengthening of the identity of the psychology service in the sector. In the face of professional practice, there was a need for standardization of this care, considering the importance of assessing the patient at the time of hospital admission, suggesting improvements for the psychology service in this field of work.

The process of psychological assessment in health is complex and involves various factors. It is up to the psychologist not only to observe the patient in their psychological aspects but also their support network, their relationship with the multiprofessional team, the hospital institution itself, the biopsychosocial aspects, and the characteristics inherent to the illness itself. From this premise, it is possible to gather data that enable better aforementioned conduct.⁹

The development of a standardized instrument is of great relevance because, in addition to substantiating the psychology service in the sector, it contributes to the production of a tool that meets the needs of the clinic where psychological work is carried out. Instruments specific to psychology services are scarce, as are their applications in hospital psychology services, when they are found and implicated in investigating specific themes. Therefore, the development of a form ratifies the scientific relevance of this production^{10,11}.

In view of the above, the development of an instrument for standardizing initial psychological care in the context of neurosurgery, in addition to proposing the organization and systematization of the service, may, after its validation, assist in providing important data that will aid the professional in making decisions for better therapeutic conduct. The objective of this work was to develop an admission psychological care form, constructed during the period of multiprofessional residency in the neurosurgical ward of a hospital, which proposes improvements for the psychology service in this field of work.

METHODS

The construction of the form was developed based on methodological research, proposed by Polit and Beck¹², which consists of investigating methods, with the purpose of organizing the collected data, proposing the construction, evaluation, and validation to produce new instruments.

It is worth noting that this research aimed to deepen the theoretical understanding of this theme, building from the aforementioned methodology a product that was subsidized by professional practice, which, after evaluation and validation to be carried out subsequently, will assist in psychological care for neurosurgical patients. The aforementioned instrument was developed using publicly accessible data and did not use private data, nor did its validation and application begin. Therefore, it does not fall within the field of research that requires evaluation and approval by the Ethics Committee (CEP/CONEP) in accordance with Resolution No. 510 of 2016¹³.

The instrument resulting from this study seeks, beyond the systematization of the necessary care within the hospital context, the apprehension of comprehensive data essential in the health care of the individual, focusing on biopsychosocial aspects and being in dialogue with other disciplines. Such statement is in line with what the Federal

Council of Psychology advocates when it states the need for the creation of protocols, which are essential for the systematization of service in the hospital. These protocols should be guided by psychological techniques, psychological methods, and neuropsychological methods according to each area, including in these fields the evaluations in surgical situations¹⁴.

SETTING

The location for the development of this research was the neurosurgical ward of a neurological reference hospital in the city of Fortaleza, Ceará, Brazil, during the years 2021 to 2022, which encompasses hospitalizations for procedures and assistance in pre and post-surgical periods. In addition to medical teams from different specialties, a multiprofessional team works systematically. It has 36 beds, with variations in occupancy according to sector dynamics. The distribution of beds is carried out by the Internal Regulation Unit (NIR), which is a service that allows for patient monitoring, internal and external transfers, until hospital discharge, thus making necessary adjustments according to bed specifications and availability¹⁵.

The patient turnover was high during the COVID-19 pandemic period. The patients were mostly adults, treated through the Unified Health System (SUS), with indications for procedures and surgeries requiring the Surgical Center and, at least, one day of hospitalization.

PROCEDURES

The first stage of constructing this form was through a literature review of psychological instruments and studies produced by hospital psychology in Brazil that had a direct relationship with the topic and assisted in the development of important aspects for such construction.

Only Brazilian scientific articles in Portuguese were selected, in full, from the databases: 'PEPSIC' and 'SCIELO,' between 2000 and 2022, using Health Sciences Descriptors (DeCS) that were directly related to the topic. The descriptors used were: psychology and surgery, used together and selected from all indexes. Initially, 9 articles were selected from the PEPSIC database and 3 articles from the SCIELO database, and in the end, 7 refined articles from these two databases were used. Each article was read, and contents were extracted to obtain subsidies for the construction of this instrument.

The second stage consisted of selecting the axes that composed the instrument, which were listed based on the reading of the selected articles and structured according to their approach, along with the structuring of official public documents from the Federal Council of Psychology for the elaboration of documents.

The third and final stage consisted of constructing the instrument structured from the aforementioned survey. It is reaffirmed that the practical application and discussion of the effectiveness of this instrument followed by its validation were proposed for further study and were not carried out in the present study.

RESULTS

The form was built through axes that, when composing the instrument, provide support for the initial care of the neurosurgical patient. Aimed at adapting the form to the

Recommendations for Official Documents in Psychology Regulated by the Federal Council of Psychology (CFP), Resolution No. 6, dated March 29, 2019, which establishes rules for the preparation of written documents produced by psychologists in Professional Practice, was used as a basis¹⁶.

For the elaboration of the form, an approach to the construction technique was sought, while understanding the purposes and safeguarding the technical differences between the documents. The steps suggested for the psychological report modality consist of 5 (five) items that will be presented and correlated with the axes used for the construction of the form proposed in this study:

Table 01 - Stages of psychological report development and correlation with the constructed instrument.

STAGES OF PSYCHOLOGICAL REPORT (CFP)	CORRESPONDING AXIS TO THE PROPOSED FORM
Identification	(1) Biographical Data
Demand Description	(3) Diagnosis, (4) Hospital Admission Process, (5) Surgical Procedure.
Procedure	The instrument itself (Proposed Form)
Analysis	(2) Assessment of Mental Cognitive State, (6) Assessment of Family Pshychodynamics
Conclusion	(7) Additional Information

Source: Eskarlete Peres Xavier, 2023.

In addition to the structural approach of the psychological report document proposed by the CFP, each axis of the constructed form correlates with instruments, techniques, and psychological elements listed by selected authors. Next, these elements will be presented and each axis that comprises them will be detailed.

The biographical data will identify and record particular characteristics that will later be used in the singular therapeutic plan. Individual characteristics such as age, family structure and dynamics, support network, socioeconomic aspects, among other elements, permeate and influence the individual in their process of illness/hospitalization and directly reflect on the subjectivity of their emotions and coping process related to the surgical procedure they will undergo¹⁷.

The brief assessment of mental state, item 2, is based on the Mini-Mental State Examination and aims to investigate the main cognitive functions listed by Mäder in his study analyzing the basic principles of psychologists' role in programs addressing Epilepsy Surgery, also encompassing studies of patients with neurological impairments¹⁸. In the construction of the form, this axis aims to apprehend the general state of the patient at the time of admission, with the purpose of characterizing the main cognitive functions preserved or not preserved based on the pathology involved at the time of admission, as well as the emerging emotional aspects at the time of admission.

The diagnosis to be recorded aims to guide actions and identify the patient's symptoms based on the knowledge of it. In addition to tracking the patient's understanding of the disease, the diagnosis becomes essential for the hospital psychologist as from this, the patient experiences sensations and perceives themselves in a unique way in such a

process, this diagnosis being multifactorial and the way the patient experiences it decisive in the coping process¹⁶.

It is understood that the hospitalization process is an adverse event for the patient and family. In this axis, we seek to assess beyond their adaptability to the hospitalization process, their relationship with the care team, which is also part of the psychologist's triad of action in the hospital. Barros reaffirms that the patient in hospitalization is distant from their familiar environment, surrounded by unknown people, and constantly subjected to mostly invasive procedures, which can trigger stressful and anxious factors¹⁹.

The surgical procedure axis seeks to apprehend how the patient feels facing the surgical intervention they will undergo because besides usually generating fear and insecurity in most patients, it can bring doubts and generate fantasies. The patient experiences emotions that will be addressed in a subjective and singular way during active listening. In this axis, there is room for a more subjective writing of these characteristics since such elaboration can be done more fluidly. Welcoming patients in pre-surgical care favors the expression of feelings and helps in understanding the situation experienced, reducing the pathological emotional reactions involved in the process. This welcoming and listening establishes stronger bonds between the patient and the health team, enabling the verbalization of fantasies that may be associated with the surgical process²⁰.

The evaluation of family psychodynamics is necessary, considering that during the hospitalization process it is common for the patient to be constantly interacting with family members, who, in addition to being a support network for the patient in this coping process, are part of the process, and therefore directly influence and experience the hospitalization process. Authors Jaqueline and Giovanni emphasize that in addition to the positive aspects that the family can bring during the dynamics of hospitalization, it is necessary to observe the obstacles and negative reinforcers in this process, making this item also essential for the initial assessment²¹.

Finally, the field of additional information is reserved for extra notes that were not covered or that arose during the psychological session, considering that psychological sessions are fluid and can generate subjective content based on the active listening that takes place.

DISCUSSION

The psychological assistance in public health in Brazil shows marked discrepancies and contradictions. Although direct changes in the healthcare system have favored the integration of this professional into practice, often their performance has not adequately reflected the principles and proposals established by law. This occurs because the opening of health policies, exemplified by the implementation of the Unified Health System (SUS), has not been accompanied by sufficient training of psychology students for politically grounded practice²².

The psychological attention, specifically to surgical patients, where this intervention is located, requires a multidimensional assessment of the individual. Although technological advances used in surgeries are observed, patients undergoing surgical procedures rarely feel completely confident. Beyond the physical discomfort caused by the pathology affecting them, undergoing surgery can exacerbate the sensation

of lack of control, potentially generating, in some cases, feelings that threaten their physical and psychological health, such as anxiety about procedures like anesthesia, which correlates with other fears regarding the surgical process. It is believed that this anxiety persists in the majority of patients undergoing surgical procedures and can be reduced through appropriate management.²³.

Psychological interventions should aim to assist the patient in the maturation of their illness process, in order to minimize feelings of fear, anguish, and anxiety that are typically involved in illness²⁴.

During the appointments, the psychologist needs to use means to favor the expression and understanding of these feelings, guiding that the patient has space to clarify all doubts regarding the procedures they will undergo, so that their relationship with the team is facilitated and there is verbalization of the fantasies involved in the entire surgical process²⁵.

The apprehension of the contents inherent to the illness process should be accessed systematically. The development of protocols aimed at assessment applied to the triad of care offers benefits to the service in order to improve the mapping of demands that are unique to each individual²⁶.

The protocols found in research databases in Brazilian literature are adapted for the treatment of a specific pathology, being applied to a certain type of patient profile. For example, protocols for patients undergoing bariatric surgeries do not apply to the general assessment of patients in other clinics.

The work of Fongaro and Sebastiani stands out, directing, in a systematic way, the role of psychologists working in general hospitals according to the necessary specifications. They propose a standardized script containing the following functions: diagnostic, focus orientation, and the psychodynamics of the individual's personality. This script aims to initially identify the main aspects involved in the patient's illness process during hospitalization. Such a proposal has a close relationship with the main objective also proposed in this development²⁷.

CONCLUSION

From the data gathered, it is understood that the proposal to standardize psychological care in hospitals aims to improve psychological assistance and also aims to boost the development of scientific productions. The importance of these instruments in the process of comprehensive health care is reaffirmed, observing beyond the psychological aspects, the biopsychosocial aspects, considering that this can be used as a subsidy in multidisciplinary therapeutic decision-making.

The scarcity of works in Brazilian production on psychological protocols for neurosurgical patients is a significant gap in the field of mental health and neurology. While medical advancements continue to refine surgical techniques and treatments for neurological conditions, the attention given to psychological aspects often takes a back seat, which can directly impact the overall health of these patients. The effective integration of mental health into neurosurgical care not only benefits patients individually but also contributes to better clinical outcomes and a less detrimental treatment experience for all stakeholders involved in this process.

As we conclude this study, it becomes evident that the validation of the constructed form is fundamental to ensure its effectiveness, as well as its applicability, and this will be carried out in future stages. It is important to highlight that this study is just a starting point in a field of research that is constantly evolving, and further exploration will be conducted in upcoming study phases.

Furthermore, it is emphasized the importance of investigating the applicability of the instrument in different contexts and populations, in order to assess its generality and adaptability. This may include validating the instrument in different cultures, as well as in different demographic groups, such as children, adults, and the elderly in a hospitalization setting. The need for the psychologist as a member of the multiprofessional team working in hospital units is reaffirmed, especially in their contribution to the care of neurosurgical patients, contributing to the provision of standardized, ethical, and humanized comprehensive care to address their health demands not only as the absence of disease but considering health as complete biological, psychological, and social well-being, with its perception being unique in each individual.

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