

Structural and symbolic dimensions of a hospital space: anthropological study in a surgical ward at Campinas, Sao Paulo State, Brazil

This study aims to interpret the structural and symbolic dimensions of the surgical ward culture in the University Hospital in Campinas. This research is relevant because of the importance of the development of qualitative studies, which address their interest in the hospital's cultural aspects and allow an immersion in the micro-sociological topics of health work in a context of organizational and paradigmatic transition. This is a qualitative approach study according to the anthropological tradition, with an ethnographic framework.

The fieldwork was conducted in the surgical ward, from March to September 2008. The participants were 45 professionals of the patient team care. To collect the information, the following research techniques were combined: participant observation, interviews, socio-economic questionnaire and photographs of the physical structure.

Data from participant observations were recorded daily in the field and interviews were recorded in audio for subsequent transcription and analysis. The analysis of information was performed through the development of cultural domains, taxonomic analysis and cultural themes. The cultural themes which emerged from the analysis were: **Rites of Initiation and Passage: career stages** - which discusses the experiences of health professionals when admitted at the hospital and their passages through specific occupational categories, and is based on the theoretical concept of liminality; **The dining**

room: liminality, communitas and anti-structure - which addresses the aspects of liminal spaces within the structural environment of the hospital organization, to enable the experience of *communitas* and social situations of anti-structure, in addition to providing the subjectivity of the experience of working in the health field; and a **mix of urgency, anxiety and satisfaction: characteristics of the work** - which presents the various aspects that permeate the health professionals' work in the cultural scene studied and the relationship between the urgency of care developed and, simultaneously, the anguish and satisfaction generated by the work of these social actors.

Based on these cultural themes, some considerations were made about the culture studied, highlighting the importance of the dining room, which permeates many aspects concerning the way of living, thinking and the daily experience of health professionals, who operate in that context. Furthermore, the emergence of many strategies and mechanisms of resistance, which are expressed through the development of "anti-scenarios" of symbolic character, is emphasized.

This "anti-scenarios" are interpreted and handled by the subjects of research to enable a healthier experience in a structured, hierarchical, artificial, medical and disciplined environment, as is the hospital. Finally, there is the contribution which the experience in the dining room can bring to organizational reform underway in the

research field and to the Nursing Administration area, alongside the fact that the hospital is an institution which also includes the human dimension, the rituals, the processes of individualization, the flexible hierarchies, the areas of socialization and recreation, among many other things.

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Spiritual care: a model based on the existential analysis and the helping relationship

It is a challenge for nursing professionals to assist human beings in their many needs and contemplate the complex human dimensions in their assistance. Of all the human dimensions, the spiritual focus on health: first because it is what distinguishes man from other beings, because it unites the ability to be free, responsible and constantly seek for meaning in life, and second because it is a neglected dimension due to the emphasis on psycho-physical dimensions and the historical distance from traditional science. We verify the need for a spiritual care model that serves as support for nurses who care for critically ill patients, because they experience pain, suffering and imminent death.

Our goal therefore is to produce a model of spiritual care, based on theoretical-methodological reference "Existential Analysis", by Viktor Emil

Frankl and "One on One Relationship", by Joyce Travelbee. For this we developed a care-research, which proved to be an ethical and humanistic response in the way of doing science, since it was concerned to benefit the research subjects, because they were cared while participating in the research. Performed with three patients diagnosed with cancer, hospitalized in a tertiary public hospital in Fortaleza-Ceará, Brazil.

The research was divided in two stages: [1] data collection, carried out during the care process through the nurse/patient aid relationship; [2] the production model, based on the data analyzed and compared with the theoretical reference. The building process of this model was made and integrated using the categories created of the content of conversations and comments by the interactions, as recommended by Bardin. The

construction of the model was discussed and presented in three components: the components of spiritual care; developing spiritual care; the culmination of spiritual care.

This research was submitted to the Ethics Committee in Research and followed the guiding principles of research involving humans, according to Resolution 196/1996, of the National Health Council. The care model produced is based philosophically and is sustained by a method that guides the care actions and is divided into seventeen theoretical assumptions related to five basic concepts: human being; health/disease process; nursing; environment; and spiritual care.

The steps of construction and establishment of spiritual care, the care itself, and maintenance and analysis of spiritual care, structured in three

phases: Khronos – construction; Kairós – search; Aión – integration. This model contemplates the total care, but emphasizes the spiritual, because peering into the human virtues and values it has as central focus the search and the finding of the meaning of life. This work is not the only possibility of spiritual care; it doesn't claim to be the only and ultimate truth on this matter. Before, we invite all to know, to validate, to criticize, to extend, to challenge and to reject, if judged necessary.

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Sexual and reproductive health of women living with HIV/Aids attended to at the outpatient hospital

Given the Aids pandemic among women, with the highest prevalence of cases in the reproductive age, we aimed to analyze aspects of sexual and reproductive health of women infected by HIV/Aids attended to at the specialized outpatient service in the interior of the state of Sao Paulo. Between October 2008 and December 2010, a cross-sectional descriptive and analytical study was carried out with a qualitative approach aimed at describing how sexuality is experienced by the women investigated. The study included a group of women living with HIV/AIDS, followed up in that department, who agreed to participate in the study (n = 184). Data was collected by the researcher through interviews that included open and closed questions and gynecological examination. For the diagnosis of vaginal infections, sexually transmitted diseases (STDs) and cervical cytological abnormalities, they used the gold standard methods. For data analysis, descriptive statistics was used and associations were evaluated by the chi-square test or Fisher's exact test. The statements of the participants about their sexual life after discovering their HIV status was analyzed using the assumptions of content analysis according to Bardin. White women, aged thirty to 59 years, and in a stable relationship and low education level predominated from 45 municipalities in São Paulo. 94.0% were infected through sexual intercourse and among these, 84.2% by their partners or former partners. The median time of HIV infection diagnosis was eight years and 79.9% were on antiretroviral therapy. A high prevalence of abnormal vaginal

microbes (51.8%), STD (87.0%) and altered cytology (21.2%) was observed. Separately, HPV infection was the most prevalent STD (83.6%), followed by *Chlamydia trachomatis* infection (24.6%), trichomoniasis (14.7%) and syphilis (1.1%). Most (71.0%) of the women reported changes in sexual life after the diagnosis of HIV infection, including sexual inactivity (23.9%). We identified different levels of satisfaction with their sexual lives and difficulties in initiating and maintaining an affective-sexual relationship. The decrease of the quality of sexual life was related to both alterations in sexual response and changes in their repertoire of sexual practices, which was explained by, among other reasons, tension during sexual relations due to the fear of transmitting HIV to their non-infected partners, of becoming re-infected or acquiring other STDs, insecurity as regards to the protection provided by condoms and of compromising their self-image. Among the difficulties to begin and maintain a relationship, the following were pointed out: rejection, the dilemma of revealing their diagnoses to their partners, negative feelings such as sorrow, disappointment and anger for having been betrayed and, especially, the difficulty of negotiating the use of condoms, which is clearly related to the differences in power and gender. Changes in contraceptive-drug use patterns and the fact that 29.4% of the women still desired to become pregnant was observed. It was concluded that this study can contribute to the planning of more comprehensive actions targeted at promoting the integral health of women living

HIV/AIDS, as it raises a number of actual needs related to sexual and reproductive health and to the socio-cultural and programmatic vulnerability context.

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The medicalization of the social: a study of psychotropic drugs prescription in public health

Currently, any sign of distress can be labeled as a pathology which treatment will be the administration of psychotropic drugs. With the advent of modern psychiatric drugs and with the preventive emphasis that psychiatric care assumed after World War II, psychiatry has changed its practices and no longer is a knowledge exclusively turned to madness but has been devoted itself to medicate any daily discomfort. This trend has been expanded in such way that is possible to notice the occurrence of a generalized "medicalization of society". In the present work we developed two distinct research movements to study the issue of medicalization and social expansion of the current psychotropic drugs' prescription. The first develops a historical-social emphasis at the general process of contextualization in the social medicalization. For that, we sought to travel through knowledge's constitution and medical-psychiatric practices going through the asylum alienisms foundation to the current emphasis on psychopharmacology of contemporary psychiatry. The second movement

seeks to approximate itself to the capillarity of the medicalization process by developing an exploratory sample of psychotropic prescription in a mental health service care from a small town in São Paulo. Our research shows that everyone who went through psychiatric treatment received psychotropic prescription and there is no sign of leaving the treatment from that service care in which they remain indefinitely under psychopharmacological medication. Finally, although it is still far from covering the entire length of the selected theme, as a conclusion we present a disturbing concern: the expansion of mental health care institutions' range that replicates the traditional medical model like the same of our study may hold old trends in order to expand psychiatric care to large population groups that in our days will mean the extension of psychopharmacological medication for the general population. In this context, we may think that even the universal right to health established in the Brazilian constitutional law, takes the chance in the terms that it has been practiced in public

mental health, to constitute a manner to lead the population to an addiction promoted by the state apparatuses that, unlike fulfilling citizenship's constitutional rights it would eventually endanger the population autonomy to promote their own dependence on drugs distributed by public health government services.

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