







Meanings of Nursing Workers' Actions in a Psychiatric Inpatient Unit

Significados das ações de trabalhadores de enfermagem em uma unidade de internação psiquiátrica

Significados de las acciones de los trabajadores de enfermería en una unidad de internación psiquiátrica

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ABSTRACT

Objective: to understand the meanings of nursing workers' actions in a psychiatric inpatient unit. **Method:** a qualitative study based on Alfred Schutz's phenomenological sociology, conducted in a psychiatric inpatient unit at a university hospital in Porto Alegre, Brazil. Data were collected from 20 nursing workers through phenomenological interviews between May and August 2017. Research protocol approved by the Ethics Committee. **Results:** comprehensive analysis of the interviews resulted in three concrete categories: actions oriented toward interactive relationships; actions oriented toward care management; and actions guided by teaching and research. **Final considerations:** the environment and the professional-patient relationship are fundamental to mental health care. The integration of teaching and research into the study setting was a distinguishing factor for the team, enhancing mental health care from a Psychosocial Care perspective.

Descriptors: Mental Health; Psychiatric Nursing; Hospitalization; Nursing Care.

RESUMO

Objetivo: compreender os significados das ações de trabalhadores de enfermagem em uma unidade de internação psiquiátrica. **Método:** estudo qualitativo com referencial da sociologia fenomenológica de Alfred Schutz realizado em uma internação psiquiátrica em um hospital universitário no município de Porto Alegre, com 20 trabalhadores de enfermagem, por meio de entrevista fenomenológica, no período de maio a agosto de 2017. Protocolo de pesquisa aprovada pelo Comitê de Ética.

Resultados: a análise compreensiva das falas originou três categorias concretas: ação orientada para relações interativas; ação orientada para a gestão do cuidado; e ação orientada pelo ensino e pesquisa. **Considerações finais:** a ambiência e a relação profissional/paciente são fundamentais no cuidado em saúde mental. A incorporação do ensino e pesquisa no cenário de estudo foi o diferencial no trabalho da equipe, pelo aprimoramento do cuidado em saúde mental na perspectiva da Atenção Psicossocial.

Descritores: Saúde Mental; Enfermagem Psiquiátrica; Hospitalização; Cuidados de Enfermagem.

RESUMEN

Objetivo: comprender los significados de las acciones de los trabajadores de enfermería en una unidad de internación psiquiátrica. **Método:** estudio cualitativo basado en la sociología fenomenológica de Alfred Schutz realizado en una internación psiquiátrica de un hospital universitario de la ciudad de Porto Alegre, con 20 trabajadores de enfermería, a través de entrevistas fenomenológicas, de mayo a agosto de 2017. El protocolo de investigación fue aprobado por el Comité de Ética. **Resultados:** el análisis integral de los enunciados dio lugar a tres categorías concretas: acción orientada a relaciones interactivas; acción orientada a la gestión de la atención; y acción orientada a la docencia y la investigación. **Consideraciones finales:** el ambiente y la relación profesional/paciente son fundamentales en la atención de la salud mental. Incorporar la docencia y la investigación al escenario del estudio hizo la diferencia en el trabajo del equipo, dado que mejoró la atención en salud mental desde la perspectiva de la Atención Psicossocial.

Descriptores: Salud Mental; Enfermería Psiquiátrica; Hospitalización; Atención de Enfermería.

INTRODUCTION

In recent years, Brazilian society has witnessed significant theoretical and technical changes in the field of mental health, historically centered on asylums as the primary care model. Since the 1980s, following global transformations, the Brazilian Psychiatric Reform movement introduced critical thinking about the clinical rationality of madness, challenging the institutionalizing culture of asylums and promoting the creation of mental health services that foster innovative practices in community-based settings¹.

This new care model redefined the strategic importance of building service networks, emphasizing the need for integrated and innovative practices focused on teamwork. In this context, the Psychosocial Care Network (*Rede de Atenção Psicossocial* - RAPS) was established in 2011 to replace the centralization of mental health care in specialized

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services with a diversified range of care points. Thus, within the framework of mental health care, considering its complex dimensions, strategic roles are played by Psychosocial Care Centers (*Centros de Atenção Psicossocial - CAPS*), as well as community workshops, cultural centers, therapeutic residences, psychiatric beds in general hospitals, primary care, and other services².

Psychiatric inpatient units in general hospitals are essential and necessary points of care within the mental health network, specializing in addressing severe psychological distress that may pose life-threatening risks. These units are indicated for cases that are unlikely to be managed in community or emergency settings, where hospitalization aims to clinically stabilize individuals and reduce their exposure to risks (clinical, psychological, social), facilitating their reintegration into society³.

Since hospitalizations in general hospitals are intended for individuals in crisis situations, there is still significant progress to be made in nursing practices. Current challenges include the indiscriminate use of symptom-suppressing practices such as physical restraints, excessive medication, and insufficient use of qualified listening as a primary care strategy⁴.

In this regard, it is crucial for nursing workers in these units to take a leading role in the context of significant strategic changes in mental health care since the Psychiatric Reform. These professionals accompany the individual's care process throughout their hospitalization, employing actions based on individualized clinical assessments and attentive, qualified listening to the needs expressed by the patient⁵. Nursing workers are key actors who shape treatment pathways by respecting individuality, fostering freedom of expression, and encouraging patient co-participation in decision-making⁶.

This study seeks to understand the meanings of nursing workers' actions in a psychiatric inpatient unit. The theoretical-philosophical framework used is Alfred Schutz's phenomenological sociology, particularly the concept of "action in the life-world," which posits that every action reveals intentionality - meaning every action is motivated behavior, defined by "in-order-to motives" and "because motives"⁷. The "in-order-to motives" relate to future expectations, where actions are performed with a specific outcome in mind. The "because motives" are linked to an individual's past experiences, which also influence their actions in the life-world⁷.

From Schutz's perspective, acting upon another and being acted upon fosters an understanding of interpersonal relationships and enables individuals to experience the shared world similarly⁸. Thus, Schutz's approach has been applied in mental health nursing research⁹. These studies aim to closely examine the production of meaning in practices through a comprehensive approach to phenomena, considering that workers' thoughts and actions are deeply influenced by their historical constitution and way of living in a shared world^{8,9}.

The topic's relevance lies in the fact that the Psychiatric Reform movement remains a field of ongoing tension, marked by frequent debates about clinical practices, policies, and social dimensions involved in this context. We emphasize the importance of encounters and epistemological debates on the user's contractual power to define their life trajectory, as well as their right to freedom and to be treated freely. Understanding the meanings of nursing workers' actions in a psychiatric inpatient unit can help identify how these key agents think and act, fostering discussions about the social world of work, its limitations, and its progress toward consolidating the Brazilian Psychiatric Reform movement.

Additionally, it highlights the need to advance mental health care practices that view hospitalization not as an isolated solution but as part of RAPS for addressing severe psychological distress. The Phenomenological Sociology of Alfred Schutz can be considered a bridge to understanding the perceptions, perspectives, and interpretations that constitute the process of caring for others, each of whom has a unique historical experience. This understanding allows nursing workers to grasp the subjectivity of hospitalized patients beyond their medical diagnoses, fostering relationships aimed at interventions focused on individual needs to alleviate psychological suffering. These steps are fundamental for enabling patients to position themselves in the world and define their own life priorities, extending far beyond the hospital walls.

Thus, this study aimed to understand the meanings of nursing workers' actions in a psychiatric inpatient unit.

METHOD

This is a qualitative descriptive study guided by the COnsolidated criteria for REporting Qualitative research (COREQ) checklist and oriented by Alfred Schutz's Phenomenological Sociology.

Alfred Schutz's Phenomenological Sociology is based on understanding human actions within the social world they inhabit, through the intersubjectivity and intentionality of each individual and the social relationships they establish in their everyday life-world¹⁰. In this context, Schutz develops the concept of everyday life experiences within the social world, where individuals create experiences, form relationships, and attribute meanings to others, even as they belong to different social groups within their daily lives¹¹.

The research setting was a psychiatric inpatient unit in a university hospital located in southern Brazil, with 36 beds. The work in this unit is carried out by a multidisciplinary health team comprising psychiatrists, nurses, nursing technicians, psychologists, social workers, nutritionists, physical education instructors, and medical and multiprofessional psychiatry residents from the institution. The service was chosen due to its over three decades of specialized care in the field and the active participation of researchers in teaching and management activities within this setting. It also serves as a practical training site for courses in the Nursing Undergraduate Program at a public university to which the hospital is academically affiliated.

Data collection was conducted from May to August 2017 by nurse researchers pursuing master's and doctoral degrees at the institution, all of whom had practical experience in mental health and qualitative research. Most researchers were female. Since the researchers already had experience with phenomenological interviews, no prior training was required for data collection.

The study included 20 nursing workers, consisting of ten nurses and ten nursing technicians, distributed across different work shifts (morning, afternoon, and night). Participants were selected intentionally and by convenience through invitations made in person by the researcher to potential participants at the university hospital. None of the invited participants declined to participate in the study.

The interviews were conducted following the theoretical-philosophical framework of phenomenological sociology, which involves suspending values and judgments - albeit temporarily - to understand the sociological phenomenon as it is presented in reality¹². Initially, researchers began the interviews by characterizing the study participants. Subsequently, participants were asked to respond to the guiding question: "*Tell me about the actions you perform in the psychiatric inpatient unit.*" The interviews took place in the unit itself, in a private space, during the professionals' working hours and according to their availability. Audio recordings were made using a mobile phone recorder, and blank sheets were used for researchers to note observations beyond verbal communication during the interviews. Each interview lasted approximately 30 minutes and continued until data convergence was identified. Interviews were concluded when repeated information was observed. No interference or disruption to the professionals' work activities occurred during this process.

The interviews were later fully transcribed with the aid of Google Drive® for storage and Google Docs® for text processing, in a shared folder accessible only to researchers involved in the study. After complete transcription of the collected data, the information was analyzed and interpreted following the steps recommended by researchers aligned with Schutz's framework. These steps included: careful reading to capture the lived experience; identifying actions present in the professionals' statements; grouping fragments of speech containing similar expressions or significant phrases related to participants' actions; identifying concrete categories encompassing participants' acts; and establishing the meaning of participants' actions and their motivations, thereby expressing the essence of the investigated phenomenon⁸⁻¹⁰.

In this study, all ethical aspects related to research were observed in accordance with Resolution No. 466/2012 of the National Health Council. The project was registered and approved on the Plataforma Brasil and by the Research Ethics Committee of the study site. The anonymity of all participants was preserved, with interviewees identified using the letter "I" for "interview," followed by sequential numbers. Audio recordings and transcripts will be stored for a period of ten years and permanently deleted from the Drive and cloud storage after this period.

RESULTS

A total of 20 nursing workers were interviewed. Of these, 14 were female, with ages ranging from 33 to 57 years, and institutional tenure varying between one and 30 years. Among the ten participating nurses, all had additional training in mental health, including specialization or residency programs. Additionally, one nurse was pursuing a doctorate, and two were enrolled in master's programs. Regarding work shifts, three worked in the morning, two in the afternoon, two in intermediate shifts, and three at night. Among the ten nursing technicians who participated in the study, three were pursuing undergraduate degrees - two in nursing and one in psychology. Regarding their work shifts, three worked in the morning, three in the afternoon, and four at night.

Based on the typical characteristics of the participants' statements, the theoretical framework allowed for the description of the typology of nursing workers' actions in this psychiatric inpatient unit. Through analysis, understanding, and interpretation guided by the framework of phenomenological sociology, the information was divided into three concrete categories: *Action guided by interactive relationships with patients*, *Action used as an organizational resource*, and *Action oriented by work arrangements*.

Action guided by interactive relationships with patients

In this category, nursing workers discussed the importance of combining technical care with principles of therapeutic relationships, incorporating attentive and qualified listening as a trigger for initiating and establishing bonds with patients experiencing psychological distress.

From the reports, it was identified that professionals are sensitive to listening to patients' needs, using resources such as listening and dialogue to build rapport and assist in patient anamnesis, as evidenced by the following statements:

Engage them on your side, try to start a conversation with them so they trust you. Build a bond so they can come to you and say, "I'm feeling like this..." (I1)

Many times, we talk to the patient to understand what is happening with them [...] to know their story. (I1)

Through this form of communication and interaction with patients, the team has the opportunity to identify each patient's needs and goals, as reflected in the following statements:

We try to build a bond [...] that will follow them after hospitalization, and we end up setting several goals as well [...], like if the patient wants to return to work or study. It's a job we do that isn't specific to nurses but also involves nurses. (I3)

The closer we can stay, the more we can identify and see what the patient needs (I13).

In addition, communication with patients is also employed as verbal management in situations such as psychomotor agitation, aiming to prevent symptom escalation. When verbal management is insufficient, the team resorts to pharmacological and mechanical restraint:

Verbal management is used to prevent psychomotor agitation, but if it occurs, we usually call security, taking care to ensure that the patient does not harm themselves during the agitation, so that containment and care can then be implemented. (I12)

We perform verbal management. If the patient does not respond, we notify the nurse. If necessary, the patient is medicated or not, and, if required, they are mechanically restrained. (I11).

Nursing workers reported that hygiene and comfort activities, medication administration, vital sign monitoring, and the application of standardized scales are among their actions in the psychiatric inpatient unit, as reflected in the following statements:

Hygiene and comfort, medication, withdrawal and administration [...] we also have other care tasks, like always checking where the patient is and trying to understand what they are thinking. It's a different kind of care compared to regular inpatient care. (I1)

Reviewing medical records, prescriptions, medications, assessing suicide risk, assessing fall risk - we use three guiding scales: Morse, Braden, and MINI. Falls, pressure ulcers, and suicide [...] we conduct a general clinical assessment and mental state examination of these patients. (I20)

Action used as an organizational resource

In this category, the team discussed the importance of administrative procedures related to organizing the physical space to create more welcoming and comfortable environments for patients. Regarding unit organization, nursing

workers also pointed to technical and logistical tasks that impact care safety, such as cleaning and maintaining refrigerators, managing waste disposal areas, sterilizers, linens, and medications. The following statements provide further clarity on this issue:

We have routines that involve our care, like refrigerator temperature monitoring - everything must be recorded: refrigerator temperature, sterilizer temperature, and transporting materials to the sterilization center (I4)

Checking refrigerator temperatures, inspecting the crash cart, monitoring the temperatures of the waste disposal refrigerator and sterilizer, checking if there is any warmed saline in the sterilizer; ensuring sterilized materials are up-to-date, verifying medication expiration dates in the refrigerator, and checking if medications are correctly labeled [...] there are many tasks we must always stay on top of. (I17)

In parallel, when discussing administrative procedures, workers described some of the main care routines, including nursing prescriptions and progress notes, checking records and medications administered by nursing technicians, as highlighted in the following reports: Patient progress notes include the evolution of their mental state examination and vital signs. Medication checks - all medications go through the nurse. There's also the evaluation of restraints, which is done by the nurse (I9)

Technology sometimes helps. We have all progress notes and prescriptions in digital format. But we still have many paper checklists to complete. This has its pros and cons because it takes time away from direct care. (I14)

Action oriented by work arrangements

From the nursing workers' accounts, their involvement in educational activities, professional training, and team management actions emerged. For these workers, their practice is enhanced by collaborating in scientific research and participating in academic training activities, as expressed in the following statements:

Because it's a teaching hospital [...], we play an educator role, helping to qualify the learning process for others and demonstrating more about the nurse's role in mental health (I3)

Contributing to service improvement through research and studies. Ultimately, all this academic involvement is also aimed at improving service quality for the patient (I20)

Educational actions in care include tasks such as evaluating practices performed during care through supervision, organizing daily patient schedules, and dividing responsibilities among professionals to coordinate and facilitate collective work. This is evident in the following statements:

Teamwork means working together. It's about cooperation in actions. Everything is interconnected (I6)

In addition to care actions, I'm responsible for scheduling [...]: supervising the schedule and overseeing their work as well. (I7)

Another task is evaluating the technicians [...] monitoring and recording their progress. For team evaluation purposes. (I20)

DISCUSSION

In the field of mental health, the creation of new substitute services has enabled reintegration into the social context, where attention to subjectivity has paved the way for individuals experiencing psychological distress to reframe their personal narratives. Even so, the production of psychosocial care remains a challenge for health services, including general hospitals with psychiatric beds. These are environments constrained by technological equipment and driven by regulations that restrict interaction between patients and professionals, hindering the development of contextual and social actions¹³.

The performance of professionals is a determining factor in structuring and operationalizing psychosocial care. In relation to the psychosocial model, nursing actions play a central role in humanizing hospital care, which is often perceived as unfamiliar and sterile by patients. These actions involve professional evaluations that consider the individual needs of each person¹⁴. For this reason, the attentive and sensitive presence of professionals during patient encounters enhances and strengthens mental health treatment, conveying a sense of welcome, safety, support, and trust, especially during critical moments of acute psychiatric symptoms⁴.

Listening, a therapeutic tool evident in the interviewees' accounts, is not limited to merely hearing patients' words. Instead, it functions as a unique meaning-making element, allowing the alleviation of anxieties, fears, and anguish

through self-reflection enabled by being heard by another. Thus, it becomes a care tool capable of shifting the focus of interventions from mental illness to the understanding of a human being in distress¹⁵.

Thinking about things from one's subjectivity becomes valuable for interpreting the social world and dealing with everyday situations, enabling important constructs of one's experiences to emerge from others. Social life justifies my actions by balancing my own interpretation of my lived experiences within social interaction. In this way, there exists a unified and indivisible environment that we can call our shared environment⁸.

From this perspective, nursing care in mental health involves becoming self-aware while projecting oneself into the place of the other to feel and perceive their needs. This means adopting actions mediated by technical-scientific and professional knowledge, but also by sensitivity, intuition, and values¹⁶. By identifying individual needs, professionals can establish unique treatment and intervention plans, making the rehabilitation process more efficient and effective, as outcomes tend to be more sustainable throughout therapy¹⁷.

If we consider that mental suffering is a moment in the individual's existence, as advocated by reformist principles, the individual carries their history, future perspectives, past conflicts, and achievements—an intricate constitution that may have led to their illness. In crisis, individuals draw on their internal perspectives and external resources to cope, but they may not always succeed in mobilizing them, requiring professional help to understand this process. For this reason, we consider that technical care and qualified listening complement nursing work by helping individuals reposition themselves and reengage with the world.

Through the quality of communication established, nursing professionals decipher what patients mean to say and make themselves understood, fostering an effective professional-patient interaction. This facilitates the construction of a therapeutic bond, embedding the user's subjectivity into the shared reality of the relationship, making them accountable for their existence, aiding their treatment progress, uncovering capacities, and reintegrating them into social life¹⁸.

Throughout mental health therapy, welcoming and holding patients accountable for their treatment should proceed synchronously. This approach fosters autonomy and active participation while avoiding a paternalistic dynamic in the professional-patient relationship. To achieve this, qualified listening and a formal treatment plan aligned with the patient's interests are necessary. These plans should be organized and agreed upon, promoting reflection on their life choices and treatment¹⁹.

In this context, nursing workers' accounts highlight the implementation of mental health actions guided by norms and routines within psychiatric hospitalization. Here, care organization is generally centered on task execution⁵. In the inpatient care context, there is a logic of care limited to hygiene, sleep, nutrition, medication administration, behavior monitoring, and controlling the actions of hospitalized patients. This provides an overview of the mental health care offered by hospital institutions²⁰.

It is worth noting that breaking away from traditional psychiatric services may or may not indicate changes in the range of actions performed by nursing workers²¹. The profession originated and differentiated itself as a field of knowledge within hospitals, with its well-established and specific routines. It is natural for nursing practice to be tied to the organization of hospital spaces and the patients within them, a legacy of a historical care model that led to the professionalization of nursing. However, in the context of contemporary mental health care, this practice can and should be questioned. While its importance for patient safety cannot be diminished, the need to encourage qualified listening to individuals must not be overlooked¹³.

One strategy for improving mental health care at the hospital level is the use of the Singular Therapeutic Project (STP) and case management, both well-documented in the literature and involving nursing workers²². Nevertheless, within the specific scope of hospital nursing work in mental health, the Nursing Process (NP) stands out as one of the most relevant tools for systematizing nursing care.

The theoretical-practical analysis of the Singular Therapeutic Project (STP) and the Nursing Process (NP) demonstrates that these care modalities are both similar and complementary, serving as fundamental tools in the mental health care process. Health actions organized through the STP are comprehensive, encompassing a wide range of tools and diverse care devices, complementing the NP, which focuses on organizing work within the specific scope of nursing⁸.

The managerial dimension of activities positions the nurse as responsible for organizing work and material and human resources to create and implement suitable conditions for health production and the performance of the nursing team. In the administrative domain, the nursing team plays a crucial role in the use and organization of consumable and technological materials, fostering an environment conducive to mental health therapy. However, these resources are not more significant than the human essence²³.

It is evident that bureaucratic activities imposed by institutions consume time and exhaust nursing workers, hindering other important actions that emphasize the uniqueness of the professional-patient relationship. As professionals become heavily involved in administrative procedures to meet institutional demands, this may distance them from patients' daily lives, weakening the formation of therapeutic bonds

In the context of nursing organization in hospital admissions, reality shows that the imposed care models fragment the nurse's practice, often distancing them from care, that is, direct patient care, and focusing predominantly on administrative activities. In this model, direct patient care activities are typically assigned to nursing technicians.

This bureaucratization of nursing care may also be a relevant factor in staffing, as many nurses may assume roles exclusively focused on management, potentially leading municipal managers to interpret that hiring more higher-level professionals does not necessarily translate into an increase in bedside care labor. Considering this aspect, depending on the institution's work process organization, increasing the number of nursing technicians may be deemed more advantageous than adjusting the nurse staff²⁴.

Amid conceptual changes driving transformations in mental health care and institutional work routines, it is essential to consider the need for continuous updates in professional techniques and practices. Workers highlight the importance of maintaining educational and critical-reflective activities²⁰, anchored in broader discussions about mental health contexts, teamwork, the configuration of hospital and extra-hospital service networks¹⁴, and the Anti-Asylum Movement that underpins the consolidation of psychiatric reform^{1,25}.

For nurses working in psychiatric inpatient units, it is essential to consider the uniqueness of mental health service users, combined with the intersubjective aspects of care (REF), as well as the managerial dimension inherent to the profession. Thus, it is understood that an expanded perspective on nurses' opportunities—regarding the inseparability of management and care—is fundamental, as is understanding how management processes influence the quality of mental health care²⁵.

Study limitations

The limitations of this study pertain to its conduction within a specific context of a single hospital institution, restricting the generalizability of its findings.

We acknowledge potential limitations in the research process. However, given that it was conducted in a single setting, generalizations cannot be made - only approximations for future discussions. Even so, this investigation is considered to contribute to mental health nursing care by offering methodological insights and contextual findings that provide professionals and institutions with elements to strengthen shared actions. These actions are fundamental for understanding social contexts and advocating psychiatric hospitalization as an alternative for caring for individuals in psychological distress.

FINAL CONSIDERATIONS

The findings of this study indicate that nursing workers' actions in psychiatric inpatient units within general hospitals are guided by developing interactive relationships between professionals and patients, ensuring an environment conducive to humanized mental health care, and, above all, incorporating teaching and research as distinguishing factors in their work. This last aspect underscores the importance of effective collaboration between universities and Psychosocial Care Network (RAPS) services in fostering mutual feedback to improve mental health care within the Psychosocial Care perspective.

Investigating the elements that constitute these workers' actions through Schutz's theoretical framework was instrumental in prompting reflections and discussions about mental health care. It is suggested that future studies further explore and deepen the interfaces between academia and RAPS services to better understand how teaching, research, and professional practices contribute to strengthening psychosocial care.

Although data were collected before the Covid-19 pandemic, it is considered that no significant changes occurred in service characteristics, work processes, or the profile of severely ill psychiatric patients. The findings discussed in this article contribute to problematizing the challenges faced by nursing professionals in consolidating care focused on psychosocial attention, despite potential setbacks influenced by mental health policies in recent years.

REFERÊNCIAS

1. David EC, Vicentin MCG, Schucman LV. Bewilderment, aquilombar, and the antimanicolonial: three ideas to radicalize Brazilian Psychiatric Reform. *Ciênc. Saude Colet.* 2024 [cited 2024 Sep 24]; 29(3):e04432023. DOI: <https://doi.org/10.1590/1413-81232024293.04432023EN>.
2. Lima IB, Alves D, Furegato ARF. Mental Health Indicators for the Brazilian Psychosocial Care Network: a proposal. *Rev. Latino-Am. Enfermagem.* 2022 [cited 2024 Sep 24]; 30:e3599. DOI: <https://doi.org/10.1590/1518-8345.5618.3533>.
3. Lejderman B, Parisotto A, Spanemberg L. Trends in suicidal behavior at a general hospital emergency department in southern Brazil. *Trends Psychiatry Psychother.* 2020 [cited 2024 Sep 24]; 42(4):311-7. DOI: <https://doi.org/10.1590/2237-6089-2019-0080>.
4. Demetrio WF, Foggiao SD, Silva XM, Melo ZP, Aparecida FOM, Cruz SCA. Avaliação de quarta geração: intervenções realizadas na atenção à crise em saúde mental; *Saúde debate.* 2024 [cited 2024 Nov 13]. DOI: <https://doi.org/10.1590/2358-289820241429252P>.
5. Oliveira A, Toledo VP. Patient safety in a general hospital's psychiatric hospitalization unit: a phenomenological study. *Rev Esc Enferm USP.* 2021 [cited 2024 Sep 25]; 55:e03671. DOI: <https://doi.org/10.1590/S1980-220X2019013103671>.
6. Braga FJL, Surjus LTLS. Management of mental health policy in daily life: contributions from the Santos network analysis. *Cad. Bras. Saúde Ment.* 2022 [cited 2024 Sep 26]; 14(39):107-29. Available from: <https://periodicos.ufsc.br/index.php/cbsm/article/view/80470/51215>.
7. Schutz A. A construção significativa do mundo social: uma introdução à sociologia compreensiva. Petrópolis: Vozes; 2018.
8. Carvalho SL, Tissot ZL, Willrich JQ, Pinho LB, Tomiello CA, Ketzer N, et al. The crisis phenomenon in the care of people who use drugs: a phenomenological study. *Cogitare Enferm.* 2024 [cited 2024 Sep 26]; 29:e91820. DOI: <https://doi.org/10.1590/ce.v29i0.95021>.
9. Silva FM, Camatta MW, Lachini AJB, Nasi C. Family motivations and expectations in the care for psychoactive substance users. *Rev Gaúcha Enferm.* 2023 [cited 2024 Sep 26]; 44:e20220141. DOI: <https://doi.org/10.1590/1983-1447.2023.20220141.pt>.
10. Silveira BRM, Araújo DD, Silva DVA, Vieira MA, Sampaio CA. The daily life of health professionals in palliative care: a study in social phenomenology by Alfred Schütz. *Rev. Enferm. Atual In Derme.* 2020. [cited 2024 Nov 11]; 91(29):70-9. Available from: <https://revistaenfermagematual.com.br/index.php/revista/article/view/593>.
11. Bessa MM, Lima MVC, Freitas RJM, Araújo JL, Oliveira KKD. A fenomenologia de Alfred Schutz e sua aplicação no campo da pesquisa em saúde e enfermagem. *Sustinere.* 2023 [cited 2024 Nov 11]; 11(2):842-57. DOI: <https://doi.org/10.12957/sustinere.2023.72222>.
12. Echebarrena RC, Silva PRF. Mental health beds in general hospitals: the case of Rio de Janeiro. *Saúde debate.* 2020 [cited 2024 Sep 27]; 4(3):223-34. DOI: <https://doi.org/10.1590/0103-11042020E319>.
13. Paula PR. Psycho group analysis facing helplessness, and the strength of the preservation lin. *Vinculo.* 2021 [cited 2024 Sep 27]; 18(3):34-9 DOI: <https://doi.org/10.32467/issn.19982-1492v18nesp.p535-543>.
14. Higgins M, Palepu R, Little J. Silent reflections remain unheard. *Australas Psychiatry.* 2024 [cited 2024 Sep 27]; 32(3):235-37. DOI: <https://doi.org/10.1177/10398562241236317>.
15. Cassola EG, Santos MC, Molck BV, Silva JVP, Domingos TS, Barbosa GC. Participatory music workshop for the Subjective and Psychological Well-being of users in psychiatric hospitalization. *Esc Anna Nery.* 2021 [cited 2024 Sep 27]; 25(5):e2021009. DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0091>.
16. Silva TG, Santana RF, Dutra VFD, Souza PA. Nursing process implantation in mental health: a convergent-care research. *Rev Bras Enferm.* 2020 [cited 2024 Sep 27]; 73(Suppl 1):e20190579. DOI: <http://dx.doi.org/10.1590/0034-7167-2019-0579>.
17. Lima MEP, Cortez EA, Almeida VLA, Xavier SCM, Fernandes FC. El acto de cuidar en salud mental: aspectos alineados la cultura de seguridad del paciente. *SMAD.* 2021 [cited 2024 Sep 27]; 17(2):92-103. DOI: <https://doi.org/10.11606/issn.1806-6976.smad.2021.168515>.
18. Sampaio ML, Junior JPB. Network of psychosocial care: evaluation of the structure and process of mental healthcare linkage. *Cad. Saúde Pública.* 2021 [cited 2024 Sep 27]; 37(3):e00042620 DOI: <https://doi.org/10.1590/0102-311x00042620>.
19. Braga CP, D'Oliveira AFPL. Reasons and mechanisms for admission of children and adolescents to a psychiatric hospital: the control circuit. *Cad. Saúde Pública.* 2022[cited 2024 Sep 27]; 38(5):e00170821. DOI: <https://doi.org/10.1590/0102-311X00042620>.
20. Rezende LC, Vilela GS, Caram CS, Caçador BS, Brito MJM. Bedside nurses' caremodel: challenges and perspectives for an innovative practice. *Rev Gaúcha Enferm.* 2021 [cited 2024 Sep 27]; 42(spe):e20200155. DOI: <https://doi.org/10.1590/1983-1447.2021.20200155>.
21. Zubiaurre PM, Wasum FD, Oliveira MAF, Barroso TMMDA, Padoin ATM, Tissot ZL. Singular therapeutic project actions in a psychosocial care center: professionals' and users' perspectives. *Texto Contexto Enferm.* 2024 [cited 2024 Sep 27]; 33:e20240049. DOI: <https://doi.org/10.1590/1980-265X-TCE-2024-0049pt>.
22. Mello RM, Schneider JF, Nasi C, Camatta MW, Kohlrauschb ER, Lacchin AJB. The significance of the nursing actions in psychiatric hospitalization of female adolescent users of psychoactive substances. *Rev Gaúcha Enferm.* 2021 [cited 2024 Sep 27]; 42:e20200011. DOI: <https://doi.org/10.1590/1983-1447.2021.20200011>.

23. Oliveira JLC, Rodrigues NH, Acosta AM, Ribeiro RG, Mergen T, Silva AR. Comparison of Nursing dependency levels and sizing between clinical and surgical inpatient units. *Esc Anna Nery*. 2024 [cited 2024 Sep 27]; 28:e20230109. DOI: <https://doi.org/10.1590/2177-9465-EAN-2023-0109en>.
24. Silva GTR, Silva INC, Lima JMM, Veiga KB, Teixeira GAS, Almeida DB. Ursing management models: a mechanism for (DIS) agreements in the hospital setting. *Ciencia y enfermaria*. 2022 [cited 2024 Sep 27]; 28(25): 1-9. DOI: <https://doi.org/10.29393/CE28-25MGGD60025>.

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