



**MANAGEMENT OF NURSES WHO WORK IN THE PSYCHOSOCIAL CARE
UNIT OF A UNIVERSITY HOSPITAL: IN THE LIGHT OF
MINTZBERG'S THEORY**

**GESTÃO DE ENFERMEIROS QUE TRABALHAM NA UNIDADE DE
ATENÇÃO PSICOSSOCIAL DE UM HOSPITAL UNIVERSITÁRIO:
À LUZ DA TEORIA DE MINTZBERG**

Ingredy Nayara Chiacchio Silva¹

Gilberto Tadeu Reis da Silva²

Virgínia Ramos dos Santos Souza³

Deybson Borba de Almeida⁴

José Gilberto Prates⁵

Giselle Alves da Silva Teixeira⁶

Simone Coelho Amestoy⁷

Abstract: Objective: to analyze the characteristics of the management of nurses working in the Psychosocial Care Unit of a University Hospital. Methodology: a qualitative and case study whose analysis was anchored in Mintzberg's Theory of Organizational Structures. The population of this research consisted in 10 nurses. The data were collected by means of the documentary technique and semi-structured interviews and analyzed according to Thematic Content Analysis. Results: it was possible to understand the organizational structure of the Psychosocial Care Unit Nursing service, the administrative activities developed and the challenges in the everyday managerial activities. Conclusion: the organizational structure is aimed at the concentration of nurses in the middle line, with repercussions on labor division. Also noteworthy is the nurses' illness and a care model in which, although a multidisciplinary team provides assistance, care centered on medical hegemony still prevails.

Keywords: Nurse Managers; Mental Health Services; Hospitals, University; Organization and Administration.

Resumo: Objetivo: analisar as características da gestão dos enfermeiros atuantes na Unidade de Atenção Psicossocial de um Hospital Universitário. Metodologia: estudo qualitativo e de caso, cuja análise foi ancorada na Teoria das Estruturas Organizacionais de Mintzberg. A população desta pesquisa foi composta

¹ Mestrado em Enfermagem e Saúde (UFBA). Escola de Enfermagem, Universidade Federal da Bahia - UFBA, Salvador, Bahia, Brasil. E-mail: ingredy.cs@gmail.com

² Doutor em Ciências (UNIFESP). Escola de Enfermagem, Universidade Federal da Bahia, Salvador, Bahia, Brasil. E-mail: gilberto.tadeu@ufba.br

³ Doutora em Enfermagem e Saúde (UFBA). Escola de Enfermagem, Universidade Federal da Bahia, Salvador, Bahia, Brasil. E-mail: virginia.ramos@ufba.br

⁴ Doutor em Enfermagem e Saúde (UFBA). (UFBA). Escola de Enfermagem, Universidade Estadual de Feira de Santana, Bahia, Brasil. E-mail: dbalmeida@uefs.br

⁵ Doutor em Enfermagem (EEUSP). Divisão de Enfermagem, Instituto de Psiquiatria, Hospital das Clínicas, Faculdade de Medicina da Universidade de São Paulo, Universidade de São Paulo. São Paulo, São Paulo, Brasil. E-mail: j.prates@hc.fm.usp.br

⁶ Doutora em Enfermagem (UFBA). Escola de Enfermagem, Universidade Federal da Bahia, Salvador, Bahia, Brasil. E-mail: contato@giselleteixeira.com.br

⁷ Doutora em Enfermagem (UFSC). Universidade Federal do Vale do São Francisco - UNIVASF. Petrolina, Pernambuco, Brasil. E-mail: simoneamestoy@hotmail.com



por 10 enfermeiros. Os dados foram coletados por meio de técnica documental e entrevistas semiestruturadas e analisados segundo a Análise Temática de Conteúdo. Resultados: foi possível compreender a estrutura organizacional do serviço de Enfermagem da Unidade de Atenção Psicossocial, as atividades administrativas desenvolvidas e os desafios no cotidiano gerencial. Conclusão: a estrutura organizacional está voltada para a concentração de enfermeiros na linha intermediária, com repercussões na divisão do trabalho. Destaca-se também o adoecimento dos enfermeiros, bem como um modelo assistencial centrado nas características biomédicas.

Palavras-chave: Enfermeiras Administradoras; Serviços de Saúde Mental; Hospitais Universitários; Organização e Administração.

1 Introduction

In Brazilian health organizations, management is a synonym of practices inherent to nurses' performance. Consequently, it is exclusively up to these professionals to conduct the process for directing and organizing Nursing services (Brazil, 1986). This dimension of the work process consists in the articulation and integration between managing and caring, as well as in interaction, articulation, communication, decision-making and cooperation. These elements should be the basis for the interpersonal relationships established by nurses with the other Nursing team members, health professionals and users (Silva *et al.* 2020).

Regarding nurses' work in hospital institutions, it is understood that it can contribute to the organization, in the sense of enabling the view of users as social, integral and multiple-dimensional beings, in addition to nurses' management in the work process as a central element for other work processes inherent to different professional categories, constituting a vital cooperation link relevant to adjustments in the work environment, healthy for the best professional practices (Nishio *et al.* 2021).

It is noted that these professionals' performance is essential due to the fact that their work process includes assisting, managing, teaching, researching and politically participating in the various health scenarios, especially in the mental health area. In this sense, management is fundamental in the dimensions of the Nursing work process, as those related to the work of a nurse manager directly interfere in the quality of the care provided to the users (Metelski *et al.* 2022).

Thus, nurses need to take ownership of the changes that have taken place over time, both about the classic paradigms of fragmented management in tasks and centralized decisions, as well as the mental health care model in asylums. The dynamic work process in Nursing management contributes to coping with the difficulties of exercising this work as a public teaching hospital manager (Silva *et al.* 2020.)



However, the theme addressed in this article is fundamental due to the impact caused by Nursing management on the quality of the care provided to mental health users and to the importance of university hospitals, as general hospitals, on the Psychosocial Care Network and on the training of reflective, critical and resolute professionals.

Given the above, this article establishes the following guiding question: Which are the characteristics of the management process of nurses who work in the Psychosocial Care Unit of a university hospital? The objective defined was to analyze the characteristics of the management of nurses working in the Psychosocial Care Unit of a University Hospital.

2 Method

The methodological procedures are presented according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) from the version in the Portuguese language spoken in Brazil, consisting of criteria for reporting qualitative research (Souza *et al.* 2021).

This research is of the exploratory type, with a qualitative approach. The method was based on a case study protocol (Yin, 2015). The study was developed in the Psychiatry Ward and Psychiatry Outpatient services that are part of the Psychosocial Care Unit of a University Hospital Complex in the state of Bahia, Brazil.

The study locus is part of a general hospital that provides health care to the population, trains human resources focused on teaching, research and care practices, and produces knowledge to benefit people. The Psychiatric ward is included among the hospitalization sectors and, among the outpatient services, the Psychiatric ambulatory clinic is presented, both study loci of this research, and part of the Psychosocial Care Unit sector.

This unit comprises a multidisciplinary team, nurses specialized in mental health, generalist nurses, nursing technicians, psychiatrists, occupational therapists, psychologists, social workers and physical educators. The research population consisted in nurses who were responsible for organizing the Nursing work process and the care environment. It is worth noting that the study object included the nurses' practice managerial dimension and the exercise of managerial positions.

As for the inclusion criteria, nurses should have worked at least 06 months in the services. The population consisted of fourteen nurses. However, four were excluded after



more than four attempts to schedule the interview. Consequently, the study participants were ten nurses who met the inclusion criteria.

Regarding data collection, it was decided to use documentary collection, in which documents related to the following were gathered: organizational chart and a document with a description of the organizational structure; documents of the Standard Operating Procedures (SOPs); instruments for the evaluation of workers; a document with the schedule of educational activities; and documents with indicators, goals and action plans, as well as the semi-structured interview, for data triangulation (Yin, 2015). As for the saturation criterion, there were no interruptions during data collection, considering the limited number of nurses comprising the sample.

The semi-structured interview data collection instrument consisted of three parts related to identification of the interview; sociodemographic and professional information; and the third part with central questions of analysis and guiding questions that involved organizational management and Nursing management.

The pilot test regarding the semi-structured interview was carried out on August 18th, 2021. The pilot test allowed improving the semi-structured interview script, excluding repeated questions regarding the purpose of the answers, as well as improving the wording of some questions to improve the participants' understanding. However, they were not included in the survey.

Data collection took place between August and September 2021, starting after the participants read and signed the free and informed consent form and the Authorization Letter granting the rights of oral testimony. Of the ten interviews, eight took place in the field with voice recording and two were conducted virtually, with video recording, as per the participants' preference. The interviews lasted from twenty to sixty minutes.

They were recorded, transcribed and made available so that the participants could review, modify or add content and any information, in addition to having validation purposes. Thus, a seven-day period was given for the participants to read the transcripts and validate their interviews, after which the discussions without request for adjustment by the interviewee were considered validated.

The theoretical framework used was Mintzberg's Theory of Organizational Structures (2017), which consists of organizational structures by management levels with different adaptive challenges, responsibilities and authorities.

Thematic Content Analysis (Bardin, 2011; Franco, 2012) was employed for data analysis. The data were organized and readings were performed allowing for first



impressions regarding the materials. After this stage, an analysis chart was prepared, relating the characteristics of the narratives to the problem surveyed, the frequency of the themes, and the support for the findings based on Mintzberg's theoretical framework. Subsequently, the speeches and contents that emerged from the data gave rise to possible thematic analysis categories (Bardin, 2011; Franco, 2012).

Subsequently, the interview data and the documents related to documentary collection were entered into the WebQDA software and a new reflective and critical analysis was performed, with convergence of diverse evidence across the data (Bardin, 2011; Franco, 2012).

In this study, all recommendations involving research with human beings in Brazil were adopted, as well as the guidelines addressing the ethics of research with human beings in institutions under the sphere of the Unified Health System (Brazil, 2012; Brazil, 2018). In order to ensure the participants' anonymity, they were identified with the INT acronym (for "Interviewees"), followed by an ordinal number corresponding to the order in which the interviews were conducted.

Also in relation to the ethical issues involved in this study, it was approved by the Ethics Committee of the Nursing School belonging to the Federal University of Bahia, under No: 3,374,244.

3 Results

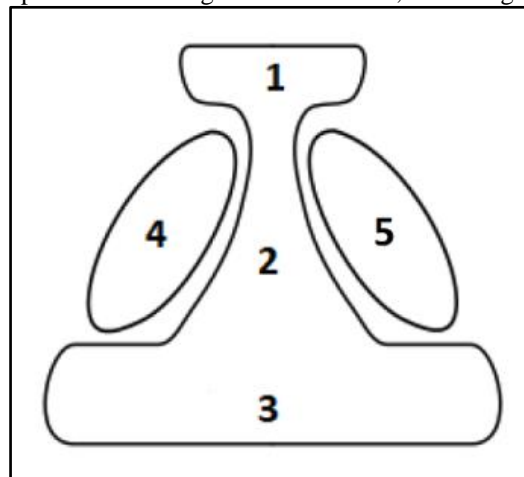
3.1 Organizational structure of the Nursing service in the Psychosocial Care Unit

Considering the components that comprise an organization and the people who make up these components according to Mintzberg's theory (2017), strategic leadership is at the top of the hierarchy line, with the senior management positions, although their representatives were not interviewed in this research. However, it is important to note that one of the positions was held by a nurse at the time the research was carried out. In the second layer we find the intermediate line, consisting of four groups. The first one is made up of a nurse who heads all the care units, including the Psychosocial Care Unit. Parallel to this position is a head for the Nursing team of the entire organization, who holds technical responsibility over all the nurses, even before the class council. Below this head there are two nurses, who are part of the formal structure and direct the nurses working in the outpatient and inpatient sectors.

In the intermediate line, in the third group, we also find a head, who has formal authority in the unit and is called “head of the sector”. Regarding this position, although it was held by a nurse for the first time at the time of data collection, such position could be held by professionals without a Nursing degree. In the last group there is a reference nurse, who performs administrative activities and directly supervises the Nursing team in one of the unit's sectors. Although this position has responsibilities recognized by the organization's professionals, it is not within the formal hierarchical authority of the organizational chart. In this study, this professional will be called “first line supervisor”. As indicated by Mintzberg (2017), larger organizations require more intermediate line managers, thus creating an organizational hierarchy. The first line supervisor is in charge of directly supervising a given number of professionals to assemble a basic organizational unit, another manager is responsible for some of these units assembling a higher-level unit, and so on.

In the third component there are nine nurses linked to the operational center, who perform assistance activities in the unit. In the fourth component, called Technostructure, we find the nurses who work in the permanent education sector and provide support for operation of the units, although they were not interviewed either. The fifth component was not identified in this study. The organization components resulting from the data analysis based on Mintzberg's theory (2017) are presented in the figure and frame below:

Figure 1: The five components of the organization studied, according to Mintzberg's structure



Source: Mintzberg (2017)



Chart 1: Roles identified and positions in the institution's organizational chart, related to the five components of Mintzberg's organizational structure

No.	Organizational Structure	Role identified	Position in the organizational chart
1	Strategic Leadership	-	-
2	Intermediate Line	A head nurse who manages all the care units	Care Management Division Manager
		A head nurse who holds technical responsibility for the Nursing team of the entire organization	Nursing Division Manager
		Two area head nurses who work with the nurse above them in the hierarchy line and are responsible for outpatient and inpatient Nursing management	Outpatient Nursing Management Unit Manager; Inpatient Nursing Management Unit Manager
		A sector head: a position that was held by a nurse for the first time	Head of the Psychosocial Care Unit
		A reference nurse who performs administrative activities and directly supervises the sector's team	Not included in the organization chart
3	Operational Center	Nine nurses who perform assistance activities in the unit	Not included in the organization chart
4	Technostructure	Nurses who work in the Permanent Education Center	Not included in the organization chart
5	Support Counseling	-	-

Source: Authors, 2022.

3.2 Managerial actions developed by nurses in the Psychosocial Care Unit

The nurses working in the operational center performed assistance and administrative activities. According to the participants' reports, these activities include the following: management of material resources and supervision of nursing technicians, with monitoring of drug administration and distribution in the sector. In the interviews, they spoke about various aspects that involve daily performance of their functions:

And then I'm going to update reports, passwords, unit report, print census, take a look at the Nursing prescription (INT 1).

[...] I distribute the nursing technicians and, also depending on the indications, I go drawing one's or the other's attention to the most urgent needs of each patient, if any (INT 2).

The activities of the first line nurse supervisor are specifically directed by the administrative issues, such as personnel reallocation, requesting supplies for the sector, managing indicator spreadsheets and the frequency schedule, and being responsible for



supervising the Nursing team. In addition, only this position participates in the meetings with the other intermediate line nurses, and is therefore responsible for this communication link, as can be seen below:

There are some things that are specific, there's the absenteeism spreadsheet, and it needs to be filled out and sent up to the fifth working day every month; the assistance indicator spreadsheet; and then checking if the nurses are meeting their schedules; reallocation, and then you'll know if the employee was absent, had a medical certificate, so cover him/her in this sense; schedule-mirror [...] Apart from the meetings that are also held, that we have a meeting with the Nursing division at least once a month; answering auditory things when they arrive (INT 7).

Leading the team... looking at records, seeing that part, how it's being done, supervising drug administration, if it's happening, holding team meetings (INT 7).

Although the first line nurse supervisor assists in making the schedules and in other team supervision activities, it is the nurses who are in the intermediate line, specifically, the positions of Nursing Division Manager and Outpatient and Inpatient Nursing Management Unit Managers, that hold technical responsibility for the Nursing professionals of the Psychosocial Care Unit and the entire organization.

But, for example, preparation of the nurses' and technicians' schedules is in charge of the reference nurse there, and here at the division we check and monitor these schedules because staffing is the sector's responsibility (INT 5).

[...] the professional left the patient unattended; this concerns our technical area, it is responsibility of the unit to call this professional to talk to him, warn him, make a record, whatever is necessary (INT 5).

Regarding the activities developed in the outpatient sector, as the nurse's performance is fairly recent, such functions are still being outlined. Up to the data collection moment, they were targeted at the role of managing the medical consultations and at communication with the network.

Also in relation to the activities developed by the operational center, the reports point to the focus on bureaucratic issues, which ends up weakening the managerial function.

[...] Nursing gets so caught up in some bureaucratic things that we end up getting lost in this work process (INT 4).

These results also indicate elements of the “professional bureaucracy” type of organization, in which the professionals working in the operational center enjoy considerable autonomy, resulting from their specialized knowledge and from the complexity inherent to their work.



3.3 Challenges faced by Nursing management in the Psychosocial Care Unit

One of the Nursing management challenges reported by the participants is related to the profile of the users treated in the Psychosocial Care Unit. Although there used to be predominance of users who were already assisted in the hospital's own outpatient service, this had changed and, also as a result of socioeconomic markers that, coupled to the physical structure of the organization itself, added challenges to the team.

[...] we had a very calm patient profile of the unit there because the hospitalized patients were those followed-up in the outpatient service and, from some time ago, when we started receiving patients via state regulation, we started receiving the most severe patients from the network [...] for the team to learn to deal with all this, taking into account that we had another patient profile, it's been very difficult, considering that it's a hospital that was built 70 years ago, that we have a physical structure which is oftentimes not the best to assist these patients, it's another barrier (INT 5).

The reports also point to an illness process in the nurses from the operational center. Even though the causes of this illness were not identified in this study, the reports evidence emotional wear out and anguish, as can be seen in the following excerpts:

[...] the employees are still feeling it a lot, having to deal with much more severe patients, we've been trying to follow this closely, because it's been difficult for them [...] we need to offer them this emotional support (INT 5).

[...] so that's it, it's exhausting, it's saddening, even sickening, you know? I even have a backache, I even had a headache, last week I had five days of sick leave, I think that this process is really anguishing (INT 2).

In addition to that, looking at the organization's Nursing team, there is an increase in sick leave cases due to musculoskeletal disorders and mental distress, which has also been aggravated more recently by the impacts of the COVID-19 pandemic.

[...]workers' health, because Nursing is a profession that really causes a lot of injuries, because it involves a lot of manual labor, so there's a lot of musculoskeletal and also mental health processes, the mental health processes also increased a lot, the pandemic issue, the issue of working in a stressful process all the time (INT 10).

The testimonies also evidence the predominance of a care model in which there are discussion moments among the multiprofessional team members, although with medical hegemony prevailing.

There is a very clear hierarchy: physician, then comes this nurse question, then the other categories a little below and we have a moment during the visit where we have the power to speak, but it's not always so much listened to; usually the medical team's opinion prevails, but I think that it's a characteristic of the hospital, for also being an institution that was built more than 70 years ago and the division is not as open as in some CAPS units where you make an exchange and everyone on the team is more or less listened to in the same way, they have more or less the same support, speech power (INT 9).



Operation of the unit is therefore evidenced in such a way that there are unofficial power centers, through informal communication, that somehow bypass the authority and communication channels between the health professionals. However, power relations and centrality of the medical work predominate.

4 Discussion

The Nursing organizational structure of the Psychosocial Care Unit herein studied directs actions towards labor division, defining who plans, controls, coordinates and performs the activities and a power centralization dimension, in the intermediate line, meeting the characteristics of the divisionalized organizational type; as per Mintzberg (2017), which means that the actions are clearly determined and divided among the employees respecting authority and the hierarchical relationships. This organizational type has “semi-autonomous” units, with the intermediate line as the key component of the organization, in addition to being common in old and large companies, allowing power flow between the intermediate managers.

It should be noted that the fifth part of Mintzberg's organization, Advisory Support, not identified in this study, is configured as different advisory units that offer indirect specialized services to provide support outside the operational workflow (Mintzberg, 2017). In this sense, non-identification of this part is believed to be related to the fact that the service is a general hospital, with its management and specific characteristics that allow for a body of specialist professionals, in addition to the fact that the study took place in a small sector with more organized work processes. However, it is worth mentioning that, when dealing with a psychiatric and mental health service, bodies with technical advisory functions would be appealing, given the essential characteristics of this area, such as dialogue with other health services and configuring networking.

When thinking about the activities developed by the nurses pointed out in this study, it is possible to highlight the considerable control of the operational center over its own work, in addition to expertise in the mental health area. Such situation reiterates the authority of the professional nature, characteristic of Professional Bureaucracy, one of the types of organization according to Mintzberg (2017), in which power lies in the professionals with specialized knowledge. However, the results of this study do not



approach other characteristics of this configuration, such as decentralization in the vertical and horizontal dimensions.

For the aforementioned author, Professional Bureaucracy refers to a model in which the skills and knowledge inherent to each profession are established in a formal way according to what is expected from the professionals, substantiated by the time working in the services, which contributes to acquiring new knowledge.

Understanding management in the light of this theoretical approach is related to the development of specific capabilities that are acquired through professional experience and the diverse knowledge built (Silva *et al.* 2022). Although a methodological analysis at the organizational level is necessary to identify under which theoretical model the university hospital uses and influences the Psychosocial Care Unit, the results of this study show characteristics of hybrid structural forms. According to a study, conflicting structural elements are common in teaching hospitals (Eduardo, 2016).

From the five configurations addressed by the theorist, organizations can show themselves with a pure organizational type, or position themselves between two or more types, as hybrids, or even in transition from one pure type to another. At this point, the theory leads us to state that the hybrid structure is identified in the Psychosocial Care Unit, even though the entire organization may have different configurations or use different configurations in different components.

Emphasis on one of the types of coordination proposed by Mintzberg (2017) was also noticed; direct supervision, mainly adopted by the first line nurse. In another research study, it was perceived that supervision and coordination are important components of the manager's work process (O'Donnell *et al.* 2023).

When reflecting on the importance of leadership as one of nurses' managerial competences and the activities, herein described and developed by nurses working in the operational center and by the first line supervisor with a focus on administrative and bureaucratic activities, it is necessary to consider the need for the nurse-leader to adopt a transformative and participatory theoretical framework. This can take place by evaluating and analyzing the leadership practice in different settings through the use of specific instruments to identify key contemporary leadership theories, styles and models (Goodyear *et al.* 2023).

Another finding refers to the changes in the profile of the service users, which, added to the sector's physical structure, has added challenges to the team. The study conducted by Scozzafave *et al.* (2019) showed that impacts related to care quality in units



with these physical structure weaknesses, precarious equipment and without proper maintenance represent a psychosocial risk for workers and become challenging elements for nurses who hold management positions.

Also in the context of this discussion, the results unveil challenges inherent to nurses' management, such as illness related to the operational center; although the causal factors were not analyzed, a research study conducted in a psychiatric institution showed associations between work-related variables, health conditions, life habits and the risks of illness referring to the context and human cost dimensions at work (Souza *et al.* 2020).

Given this situation, professionals working in mental health institutions can be more susceptible to developing Burnout syndrome, which, in turn, can compromise the care provided to the users. Thus, these professionals require attention from the organization in order to implement follow-up strategies that reduce the chances of physical, psychological and emotional illness (Silva *et al.* 2023). Added to this, physical and psychological overload was also evidenced in the workers, which generated musculoskeletal lesions and interfered in their mental health. Such results intensify the need to rethink ergonomic aspects that might be adjusted, in order to contribute to nurses' well-being.

The topic of care still centered on the biomedical model also emerged from the reports. In a study that had mental health beds in general hospitals as locus, it was also evidenced that, although there was a multiprofessional team, this did not influence the established biomedical structure, as pharmacology remained the most prevalent intervention in the care provided to mental health users (Echebarrena; Silva, 2020).

To guarantee effective and integral production of mental health care, it is important that the interdisciplinary work dynamics be ensured, for two main reasons: it adds knowledge to better deal with the complexity of mental health; and because a single profession does not contemplate the users' multiple demands (Alves *et al.* 2021).

This biomedical model denotes characteristics of the professional bureaucracy type organization, common in hospitals and health institutions in general. A dual authority system was pointed out in these organizations: on the one hand, the administration, involving the hospital staff and with a hierarchical, authoritarian and centralized scheme; and, on the other hand, the knowledge-power of physicians who can confront the administration and are the only professionals with effective autonomy. Informal communication with unofficial power centers predominates in this reality, in such a way that centrality of the medical work has repercussions in the assistance process; and



interdisciplinarity, which might play a fundamental role in producing effective changes, is far from being a concrete practice (Lorenzetti *et al.* 2014).

It is also worth remembering that this is a University Hospital that was built more than 70 years ago, which corroborates maintenance of crystallized management processes anchored in an organizational culture with verticalized communication and power relations. Changes in these services are usually slow, but they need to take place starting with the mobilization of the employees that work from the different intermediate management levels to those at the operationalization levels.

Thus, for being environments marked by high technological density/concentration, generally with little space for freer interactions between mental health users and professionals, hospital organizations usually present many obstacles to a Nursing management more consistent with the SUS principles and the Brazilian Psychiatric Reform. Thus, it is necessary to stimulate reflections about the field of knowledge and practices around the organization of health production, associating other knowledge areas without excluding any specific field, as the complexity of health problems only allows them to be adequately solved through multiplicity of knowledge and actions (Merhy; Franco, 2003).

With regard to the limitations of this study, it is possible to point out the fact that only representatives of a single professional category were interviewed, as there was no participation of nursing technicians, as well as the choice of only one mental health service of a hospital complex as research locus. Thus, it is important that this theme continues to be investigated and that future research studies can be conducted, looking at other professional categories and healthcare organizations.

5 Final considerations

In this study it was possible to explicitly describe the characteristics of the management process of nurses working in the Psychosocial Care Unit of a university hospital. In the light of Mintzberg's theory, the organizational structure of the Psychosocial Care Unit was identified as directed towards concentration of nurses in the intermediate line and to labor division between those who plan, coordinate and execute.

The challenges experienced in the everyday management routine also stand out, such as nurses' illness and a care model centered on the biomedical characteristics, revealing unofficial power centers within the organization.



It is also recommended that other studies be carried out with the purpose of verifying the causes of the illness process in the nurses from the operational center, as this alarming result has emerged forcefully and can interfere in the health of these workers and, consequently, in the management processes and in the quality of the care provided to the users.

In view of these results, the implications for Nursing Management point out how important it is for mental health nurses to reflect on the organizational structures, on the places where they develop their professional practice, on strengthening of their role, on the recognition of their attributions, and on the choice of theoretical paths of managerial practices that qualify mental health.

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