

TEMPORALITY, WORLDLINESS AND HISTORICITY: BASE CONCEPTS OF THE MEANINGS OF NURSES-PROFESSORS ABOUT MENTAL HEALTH

TEMPORALIDADE, MUNDANIDADE E HISTORICIDADE: CONCEITOS FUNDANTES DOS SENTIDOS DE ENFERMEIRAS-DOCENTES ACERCA DA SAÚDE MENTAL

TEMPORALIDAD, MUNDANIDAD E HISTORICIDAD: CONCEPTOS FUNDAMENTALES DE LOS SIGNIFICADOS DE LAS ENFERMERAS-PROFESORES SOBRE LA SALUD MENTAL

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Objective: to understand the meanings that underpin the way of being of nurses-professors in relation to mental health and how mental health emerges in their daily life of as a professor. **Method:** phenomenological study. A phenomenological interview was used with eight nurses-professors. In the analysis, meaning units emerged from the veiled sense of the statements: Understanding mental health often inappropriately as a mental illness present in the talk of family daily life and in the processes of their academic training; Concepts and pre-concepts established in the training process influenced by the professors' way of being. **Results:** nurses-professors understood mental health inappropriately as a disease and revealed concepts and prejudices established in their daily life as a professor. **Conclusion:** the base meanings of the nurses-professors' way of being in relation to mental health are linked to temporality, worldliness and historicity, subordinated to both the family daily discourse and to the processes of their academic training.

Descriptors: Nursing. Mental Health. Teaching. Nursing Professors. Philosophy.

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Objetivo: compreender os sentidos que fundam o modo de ser de enfermeiras-docentes em relação à saúde mental e como a saúde mental emerge em seu cotidiano de ser docente. Método: estudo fenomenológico. Utilizou-se entrevista fenomenológica com oito enfermeiras-docentes. Na análise, unidades de significação emergiram do sentido velado das falas: Compreende a saúde mental, na maioria das vezes, de modo impróprio como doença mental presente no falatório do cotidiano familiar e nos processos de sua formação acadêmica; Conceitos e pré-conceitos estabelecidos no processo de formação influenciados pelo modo de ser das docentes. Resultados: enfermeiras-docentes compreenderam a saúde mental de modo impróprio como doença e revelaram conceitos e preconceitos estabelecidos no seu cotidiano de ser docente. Conclusão: os sentidos fundantes do modo de ser das enfermeiras-docentes em relação à saúde mental estão ligados à temporalidade, mundanidade e historicidade, subordinados tanto ao falatório do cotidiano familiar como aos processos de sua formação acadêmica.

Descritores: Enfermagem. Saúde Mental. Ensino. Docentes de Enfermagem. Filosofia.

Objetivo: entender los significados que fundamentan la forma de ser de enfermeras-profesoras en relación con la salud mental y cómo la salud mental emerge en su vida diaria de profesoras. Método: estudio fenomenológico. Se utilizó una entrevista fenomenológica con ocho enfermeras docentes. En el análisis, las unidades de significado surgieron del sentido velado de las declaraciones: Entiende la salud mental, en la mayoría de los casos, inapropiadamente como una enfermedad mental presente en el discurso de la vida cotidiana familiar y en los procesos de su formación académica; Conceptos y pre-conceptos establecidos en el proceso de formación influenciados por la forma de ser de las profesoras. Resultados: las enfermeras-profesoras entendieron la salud mental inapropiadamente como una enfermedad y revelaron conceptos y prejuicios establecidos en su vida diaria como profesoras. Conclusión: los significados fundacionales de la forma de ser de las enfermeras docentes en relación con la salud mental están vinculados a la temporalidad, la mundanidad y la historicidad, subordinados tanto al discurso de la vida cotidiana familiar como a los procesos de su formación académica.

Descriptor: Enfermería. Salud Mental. Enseñanza. Profesores de Enfermería. Filosofía.

Introduction

Mental Health Care is a field of knowledge that must be understood in the dimensions of transversality, specificity and specialty⁽¹⁻²⁾. These defend certain aspects, as well as explain that their contents are present in all health care levels, considering comprehensive care. Therefore, those who train professionals to work in the health field need to understand them⁽³⁾. In the process of mental health education, one of these dimensions can be considered to constitute the contents to be taught, which reveal the meanings that base the teaching plan. Thus, the ways of being, thinking and making of nurses-professors in relation to the contents and dimensions of mental health care are based on the meanings given to the experiences lived in their relations with others, reflecting health care⁽⁴⁻⁶⁾.

In the existential perspective, health care, one of the forms of preserving life, is implicit in the relationships of the existence of the being, and can be understood as an act or meaning upon caring about the other⁽⁶⁻⁷⁾. The sense of care brought by Heidegger⁽⁸⁾ indicates the possibilities of being

in the world, transforming into temporality as a cure, favoring permanence in life. In this sense, people are in the world in their worldliness, experiencing everyday situations that interfere in their emotional condition and experiences, leading to a new possibility of being. Thus, it is important to present transversality in the process of training health professionals and to incorporate it in Primary Care (PC), since they work in health care to ensure comprehensive care to the person, especially in the context of mental health⁽⁹⁾.

The General Guidelines for the Inclusion of Mental Health Actions in Primary Care state that the bond and dialogue between the Primary Care Policy (PNAB) and the Mental Health Care Policy (PNASM) are fundamental to guarantee the rights of the person in mental suffering^(2,10). They also recommend the existence of a subjective component associated with any disease, in an attempt to perceive the obstacles to adhering to preventive practices or healthier life^(3,10). To understand the subjectivity of psychic

suffering present in any problem is to be able to expand the concept of health and the possibilities of care.

The permanent exercise in the construction of new ways of embracing and caring for people who suffer mentally requires from training institutions the establishment of meanings with professors who work in the field of integral and psychosocial care^(4,11). However, the daily routine of practices in health/nursing teaching/learning scenarios shows a distance between PNASM and PNAB, establishing a mismatch in the integral health care of the person^(4,12). This mismatch reported in the literature is observed in practice, especially of professors linked to the PC, and has repercussions on the training process, which does not value the precepts for comprehensive mental health care.

The ways of being are constructed over time, based on worldly experiences and exchanges, where the Being-there is able to make choices and project itself in the world⁽¹²⁾. In this sense, the way nurses provide care can reveal the ways of being of these professionals, especially those who choose teaching as professional practice⁽⁷⁾.

In the process of nursing education, the comprehensive attitude consists of the relationship, the trust established between professors, students and service users, in their practical experiences^(7,13). Furthermore, if the contents of mental health care in academic curricula are approached in a dichotomized and transversal way, the practical reproduction may also continue without significant changes in care. This context was confirmed in a study⁽¹³⁾ conducted with nurses-professors, upon unveiling that mental health care does not constitute a transversal content in training, and it is not an early occupation in their ways of being professors.

In this context, the question is: What are the meanings that base the way of being of nurses-professors in relation to mental health and how does mental health emerge in their daily life of being a professor? Thus, the aim of the study is to understand the meanings that base the way of being of nurses-professors in relation to mental

health and how mental health emerges in their daily life of being a professor.

Method

This is a phenomenological study, in the light of Martin Heidegger's reference – the "hermeneutics of the Being-there" –, proposed in his book "Being and Time", in which the author focused on replacing the question of the "sense of being" and sought the construction of knowledge in a philosophy focused on understanding the experience lived by the Being-there, as the one who has, in its way of being, among other things, the possibility of questioning one another and of seeking the meaning of being in the world^(8,14).

The study scenario was the Nursing School of a public higher education institution in the Northern region of the country, an environment in which the daily experiences of nurses-professors occur in the nursing education process. The participants were eight nurses-professors who met the following inclusion criteria: being a nurse, part of the permanent faculty, exercising teaching in curricular activity (CA) that precedes the Mental and Psychiatric Health Nursing CA, which contains the content of PC and were identified by a color and hue personally and freely chosen by the participants.

Understanding the experience of data collection as a unique event while lived experience, a checklist of the interview was elaborated to avoid interferences that could invalidate the activity, with the following options: signed ICF, recording device (recorder and notebook) tested and positioned, pen, notepad and a diary of consolidation of the interviews, which contained information, such as the professor's CA, her color, transcription of the interviews (raw data) and observations about the professor, perceptions of feelings that caught the attention in the interview process. The notes related to the observations and perceptions recorded in the diary occurred at the end of the interview, in order to record all the perceptions and meanings grasped from the moment. The attentive, unrelated eye of

“pre-concepts” and speech is important, in order to allow understanding the phenomenon as it is.

The reports were obtained through the phenomenological interview^(7,14), conducted by the main researcher, in which the participants were asked to tell about themselves and their personal trajectory in relation to mental health. This strategy was used so that the nurse-professor could return to the same things, relive her history and the experiences lived in her world and her relationship with mental health, thus anticipating indications of her historicity and temporality. Next, the following guiding question was used: What is the meaning you attribute to mental health and how does it emerge in your daily teaching life?

The interviews, conducted in September 2017, lasting about 30 to 45 minutes, were audio- and video-recorded and later transcribed, since the person has many ways of being, according to the route and mode of access⁽¹⁴⁾. The transcriptions were read carefully, for familiarization and apprehension of the senses expressed there.

The process of systematization and data analysis comprised the Hermeneutic Circle, which corresponds to the ontic and ontological interpretation of phenomenology in Heidegger, whose interpretation of the seized constitutes the possibilities projected in the understanding⁽⁸⁾. The three steps of phenomenology⁽¹⁴⁻¹⁵⁾ were followed: “pre-understanding”, understanding and interpretation. The latter is inherent to understanding and has the own possibility of elaborating in forms. To interpret is to be.

Through the comprehensive analysis of the discourses and adoption of the concepts of Heidegger’s phenomenology of historicity, temporality, worldliness, discourse and tradition,

the meaning unit was constituted: Understanding mental health often inappropriately as a mental illness present in the talk of family daily life and in the processes of their academic training, presenting concepts and pre-concepts established in the training process influenced by the professors’ way of being. These unveiled the Units of Signification: Understanding mental health often inappropriately as a mental illness present in the talk of family daily life and in the processes of their academic training; and Concepts and pre-concepts established in the training process influenced by the professors’ way of being.

The study was approved by the Research Ethics Committee, under the Certificate of Presentation for Ethical Appreciation (CAAE) n. 09092612.2.0000.0018. The participants were identified by a color and hue personally and freely chosen by them.

Results

The eight participants lived the experience of being nurse-professors at the CAs that preceded the Mental and Psychiatric Health Nursing CA, namely: Nursing Practice (1), Nursing Basics (2), Comprehensive Care for Health of Women, Children and Adolescents (2), Comprehensive Adult and Elder Health Care (2), Educational Health Practices (1). They were between 30 and 54 years old and the time as permanent professors at the Nursing School ranged from 7 to 32 years.

In the meeting with the participants, in their lived experiences, evidenced in the discourses, they faced personal, family and mental, psychosocial, economic and physical problems summarized in Chart 1.

Chart 1 – Historicity of nurses-professors in the family relationship and their experience with Mental Health (continued)

Participant	Historicity
Pink	Daughter of a single mother. From 4 to 10 years old, she lived in a boarding school. Stayed with her mother during the weekend. Academic experience was involved by the fear of the mentally ill, built on the training process. The decision of never desiring to work with “that” was her professor’s memory, telling her that she was runty.

Chart 1 – Historicity of nurses-professors in the family relationship and their experience with Mental Health (conclusion)

Participant	Historicity
Green	Black father and white mother. Two “white” brothers and she is black. She had to overcome social, racial and gender prejudice to win and support her family. Alcoholic father, which interfered with family dynamics. In everyday work, she says that mental health in PC is just a transfer of medications.
Red	Seven brothers. Alcoholic father, but was unable to understand it as a mental problem. Mother tried to keep harmony, avoiding conflict. Grew up hearing that the “insane” were dangerous. Was afraid of the professor of psychiatry. He was scary.
Turquoise	Four brothers. Parents brutally separated. Rigidly raised at grandmother’s house. Has painful memories of practice in psychiatry and understands the problem from a religious perspective. Gave up a public tendering not to work in psychiatry. States not having psychological structure.
Red Blood	Only daughter of a single mother. Never knew her father. Claimed to be systematic, Cartesian and positivist. She was very afraid of the mentally ill, but reported having suffered several losses, had four episodes of depression and used medication.
Black	Left home at the age of 17 to study. She had an aversion to psychiatry when her friend was assaulted by a patient. Almost gave up a public tendering when she was assigned to the Custody Hospital.
Bright Pink	Mother at the age of 17. The fact changed her relationship with mental health. She hated the subjects Psychology Applied to Nursing and Psychiatry in Nursing and believed that the student was unable to understand mental health.
Blue Marine	Spoiled by parents and siblings. She was born with a disability and underwent several corrective surgeries, underwent psychological follow-up because it bothered her. With professional responsibilities, she put her personal life aside.

Source: Created by the authors.

Considering the complex concepts of temporality, worldliness, discourse and tradition, which permeate the being of the Being-there in all its singularity and complexity of living, the findings of this study point to the understanding of the historicity of professors and the ways of being with others.

The two units of meanings that emerged during the interviews and that support the ontological interpretation of the Meaning Unit presented in this study reveal the ontic meaning of professors’ understanding of mental health.

Understanding mental health often inappropriately as a mental illness present in the talk of family daily life and in the processes of their academic training

The way nurses-professors reported their relationship with mental health in their historicity mostly reflected an inauthentic and inappropriate way, without appropriation of the content.

This inauthenticity was strongly linked to their relationship with others in their being-with in family routine and in the discourse.

I lived in the countryside and a homeless man walked around dirty, with a bunch of books and a bag. Everyone said he had gone crazy because of so much study. The kids and I were very afraid of him. People, including my parents, said he used to put kids in the bag. I was terrified that this would happen to me. (Black).

I do not remember talking about mental health or illness with the family, but I remember that we were very afraid of the mentally ill who wandered the streets. Fear of their appearance and aggressiveness. I cannot tell the origin of that fear. (Red blood).

My father became an alcoholic. He was young when he lost his mother, ran away from home, lived slave labor, went to war, and was a navy employee. I learned from mom, never arguing with someone who drinks, not to fight. He was not aggressive, but it would be better if he did not drink [Red emotionally laughs]. (Red).

The data point to the fear of relating to people who present mental suffering. This condition seems to distance them from the understanding of the transversality of the contents of mental health care. The participants’ parents used

fear as a way to control their behavior as children. They often argued that whoever catches people is the “crazy”, who is bad. This question, present in the family discourse, was reflected in the speeches of Black, Green and Turquoise.

My parents knew how to control us. The way society presents mental health is linked to the bad, disease. And that marked my life. Despair in the custody hospital. All I could remember was that old man, his bag, he was getting kids, hurting people... I could not manage it (Black).

I was very afraid in childhood. “So-and-so is aggressive, so-and-so throws stones”. “So-and-so is crazy, he throws stones at people”. My parents, for us to stay out of the streets, used to say that the bagman was going to get us. We were like “saints” at home. In practice, there were stories of professionals who were assaulted, people tied up. I used to go against my will. (Green).

When I was a kid, I was so scared of those people who were homeless. I thought they were going to take me and that they all had mental illness. So I behaved right. (Turquoise).

The fear of suffering prejudice due to a certain condition and, consequently, social exclusion placed the participants in a condition of oppression, favoring them to take attitudes acceptable by family and friends, hiding their feelings, fears and reinforcing the senses given to mental health care.

I panic about taking a car and driving away. I am an excellent student in theory. I do not know if I have any debt, some injury, problem. I never told anyone, because I saw how people, especially those in my family, when there is a similar situation, make fun of them, say that the person is idiot, or has a mental problem. Everybody is always pushing through. (Turquoise).

I am the only daughter and, unfortunately I was the only one to have this problem. My parents are legitimate cousins and they already said that one could be born with mental illness. For my mother, who idealized having a daughter, when I was born, I was born with this deformity. I now understand what she went through, but it was very complicated, could not do anything. (Blue Marine).

The revelation points to the understanding that the senses were constructed in the being-with of the Being-there in family relationships and in the childhood and adolescent experiences and consolidated in professional education and in the relationships established with their professors.

Concepts and pre-concepts established in the training process influenced by the professors' way of being

The nurses-professors related their difficulties in addressing contents in relation to mental health care in the teaching routine to their academic experiences. The concept and “pre-concept” are based on issues present in the discourse, which can be personal, institutional and relational.

The data show that, in the participants' process of training, the presence of their professors, their positions and behaviors before mental health issues marked and seem to have influenced their lives, consolidating the meanings that based their ways of being and reinforced the meaning given to mental health as mental illness. The discourse at the academy about mental health reproduced the concept that mental health was linked to danger. In everyday life, in tradition, this reproduction discourages the approximation and interest in the theme, as expressed by the statements of Pink and Bright Pink:

Fear marked my first contact with mental health care at the academy. The content was disease-oriented. Our practices were in the hospital. We were too afraid to go in there and the professor who accompanied us warned us. In the theoretical classes, the professors mentioned that madness generates an extreme force and looked at me, saying that I was too runty, that I was not able to work, that I was very weak, that I was going crazy. I was scared to death of being assaulted. I decided I did not want that for my professional life. (Pink).

I remember I was afraid of the psychology professor. He seemed somewhat crazy. The psychiatric nursing subject also never caught my attention. I did not like the content. The psychiatric patient is sticky, an aversion and scares me. At the internship, a drug user assaulted a social worker. Aggressiveness marks life, and distances us. Today, with the students, I avoid staying near the psychiatric ward. It bothers me. (Bright Pink).

The apprehension of meanings is also reflected by the dimension of time, but another element appears to make up temporal existence: space. Time and space occupy together professors' temporality. In this sense, the hospital embraces dangerous people.

When we began the practice, we had no prior preparation of what we were going to find. One of our colleagues was assaulted by a patient. That was marked. I did not want to work in psychiatry. The professors pushed us away,

making us afraid of psychiatry. During the practice, I was desperate. (Black).

What I feared the most, after graduating, was working in psychiatry. The memories as student are very painful. By the spiritist training, I could identify, in that place, some circles, where the spirits were disjointed, dissatisfied with their whole situation, they ended up influencing patients' behavior. It was fifteen days of suffering. (Turquoise).

Life experiences constitute an exercise to become, because, in this way, questioning reality and seeking different paths constitute the most sensitive nurse-professor for the transversality of mental health contents.

Discussion

The meaning seized in the statements of the nurses-professors is founded by their temporality and worldliness, as a tradition being. The reflection on worldliness allows understanding historicity as a path to the temporality of the being⁽¹⁶⁾ and constitute the possibility of being authentic. Nonetheless, the meaning as an anticipatory meeting that constitutes the world's worldly and the existentiality of the Being-there of nurses-professors as a cure is not yet constituted as a possibility to incorporate, in their own way, mental health care in their CAs.

On the other hand, understanding projects the nurse-professor into possibilities of existence, in which she may or may not fully assume her existence. Only then is the interpretation of the world in speech and language. However, understanding is often possible without saying anything: silence speaks much more than many words⁽⁷⁾. On the other hand, the discourse is one of the phenomena that cover up understanding and can lead the Being-there to get lost in the public and impersonal environment.

The statements of the nurses-professors show that they live day by day in the existential ontological decay of the phatic being-there, in which discourse, ambiguity and curiosity appear as moments of non-proximity to themselves as nurses-professors in the relationship with mental health. Being-in-the-world shared and surrounded by family members, professors – co-workers – and students was, in the occupation

and manuality directed to and by the instruments, a poor being-with that they experienced teaching daily.

Sometimes, they showed anguish, upon encountering, in practice, mental suffering, which was announced as being of possibilities, and then decayed, alienated and imprisoned in daily life. In everyday life, there are always answers to the demands of the world in an occupation. Authors^(7,13,17) corroborate this statement by expressing that occupation refers to dealing with the ones simply given and participates in the care of being, as dealing with loved ones in the world opens possibilities of relationship with the world and, therefore, possibilities of being at each moment in this or that way.

In this sense, nurses-professors can follow what has already been happening with nurses in the clinic, which, expanding their worldview, have been moving in the epistemological construction that permeates experiences and problems emerging from their daily work, encompassing themes focused on mental, occupational, adult, elder, child, adolescent and women's health, uncovering phenomena in their various facets⁽¹⁸⁾.

The discourse is the possibility of everything to understand without a previous appropriation of the issue⁽⁸⁾. In this sense, the way nurses-professors refer to their relationship with mental health in their historicity mostly reflects an inauthentic and inappropriate way, without appropriation of the content. This inauthenticity is strongly linked to their relationship with others in its being-with-family daily life. The participants of this study, in general, understood mental health, inappropriately, as a mental illness present in the family discourse.

Madness is characterized strictly by the way society experiences, lives this relationship with madness. For some authors⁽¹⁹⁾, it is the heir of leprosy. In the discourse regarding the both cases, the exclusion was adopted as a response to an evil too complex to be solved, but it took a long period of latency, so that madness, as well as leprosy, triggered reactions of division, constituting a moral space of exclusion.

The deconstruction of this paradigm demands a solidary attitude to understand the complexity of the human person and his/her pains. The participants confirmed, when presenting concepts of fear and need for distancing from the mentally ill present in the discourse, that deinstitutionalization, as an ethical process that recognizes the complexity of the person and his/her relationship with life, is the principle of the psychiatric reform not yet consolidated.

Thus, the experience of seeing family members label someone with difficulty to perform an activity, with emotional, economic and non-physical difficulties, as a person with mental disorder, helps building the sense of being something difficult, of being something bad that should be removed. This distance places the professor away from the more humanized, integral and owned teaching.

When nurses-professors use the word health to talk about the disease, they indicate that mental health is not understood in all its dimensions – transversality, specificity and specialty. In the dimension of specialty, people often understand mental health, thus understood as a disease.

Thus, educational campaigns and actions to reduce the stigma of people in mental suffering, including orientation to the population in relation to mental illness and support for the creation and strengthening of family associations, of people in mental suffering and community, are necessary to build a more solidary society and reduce stigma.

Concepts and “pre-concepts” established in the process of training of nurses-professors influenced by the way of being of their professors contributed significantly to the way they understood and acted in teaching, as expressed in the statements. For them, the discourse during their training about mental health reproduced the concept that mental health was linked to danger. In the daily life influenced by tradition, this reproduction discouraged the approximation and interest in the theme.

The ways of being of professors can influence the ways of being of future nurses. This fact is important and should be considered, since, if

professors distance themselves from the Being-there of nursing students, placing themselves in this relationship in an authoritarian way, they will be negatively contributing to the training of a professional for an integral care of the person.

If the training process does not approach nurses-professors to the way of being of the Being-there and does not open it to the being-student, it will not think how to be-in-the-world and will never be authentic. On the contrary, it will always and only be inauthentic⁽²⁰⁾. Being launched into existence forces the Being-there of teaching nurses to seek meanings. For this task, they, as educators and thinkers, can prepare the ground and accompany the students in what never ceases to enroll. The concern with others, which qualifies nurses in their daily care, does not establish the Being-there as privileged, because it does not distance it from daily life⁽²⁰⁾.

Studies^(5,15,21) indicate that care with training is a way of being in the presence with commitment to those who teach, making choices and decisions responsibly. Teaching is indicating to those who want to learn what one already has. Hence, the pressing task of professors of the CA who understand the expanded concept of health in its biopsychosocial dimension is to offer the opportunity and create possibilities for nursing students to recognize in themselves this fundamental authentic identity and how it happens.

Temporality is revealed as a meaning of this being called Being-there⁽⁸⁾. Therefore, time is revealed as the realization of the Being-there; it is where it departs and interprets the being-in-the-world. The time dimension in the participants' life is undeniable, because it conditions human existence and consolidates meanings expressed in their ways of being. However, trapped in the temporal daily life, they do not relate experiences, such as being an adolescent mother, assuming the roles of wives, housewives in a hasty way and the consequences of these unexpected responsibilities, to the difficulty of dealing with issues related to mental health care in the daily life of training and work.

The apprehension of meanings is reflected in the time and space dimensions, which occupy, together, temporality. Space accompanies what is considered meaning; therefore, time does not refer only to existential meanings or apprehensions. The experience in the hospital, the professor's speech, the aggressiveness and the smell constituted the meanings of the nurses-professors.

The professor assumes a fundamental role in the training of new nurses, contributing to their understanding of the world and diversity in a more loving, critical, respectful and creative way. Through pedagogical practices, professors can significantly influence the trajectory of students, contributing to comprehensive care. A study⁽¹⁵⁾ states that, according to Heidegger, the good professor is more advanced than his/her students only in what he/she has more to learn than they do, that is, in the learning itself.

Learning and teaching are understood in an essential sense⁽²¹⁾ and corroborates Heidegger's assertion that every teaching is to lead those who learn to the "place" of the whole learning. Thus, learning/teaching would be to recall this instance in which the meanings capable of guiding the existence of this learning individual are constituted. The nurses-professors, when encouraged to recall their experiences and sensitized to the issue of mental health as a transversal content, may resignify and give new meanings to their ways of being.

Conclusion

The meanings that base the way of being of nurse-professors in relation to mental health are linked to temporality, worldliness and historicity, subordinated to both the family daily discourse and to the processes of their academic training. Such senses emerge as simply given, reflecting directly on their teaching being. Therefore, professors understand mental health often inappropriately as a mental illness present in family daily discourse and in the processes of their academic education, besides presenting

concepts and "pre-concepts" established in the training process influenced by the professors' way of being. The reflection on worldliness allowed understanding historicity as a path to the temporality of being. Thus, the nurse-professor will allow modifying the meaning given to mental health in the daily routine of teaching.

Collaborations:

1 – conception, design, analysis and interpretation of data: Aline Macedo de Queiroz, Josicélia Dumêt Fernandes and Larissa Chaves Pedreira;

2 – writing of the article and relevant critical review of the intellectual content: Aline Macedo de Queiroz, Elizabeth Teixeira, Andrey Ferreira da Silva, Lília Pereira Lima and Rita do Socorro Ribeiro Quaresma Oliveira;

3 – final approval of the version to be published: Josicélia Dumêt Fernandes and Larissa Chaves Pedreira.

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