

# NURSING PROCESS AND INTERPERSONAL RELATIONSHIP: A REFLECTION ON MENTAL HEALTH CARE

## PROCESSO DE ENFERMAGEM E RELAÇÃO INTERPESSOAL: UMA REFLEXÃO SOBRE O CUIDADO EM SAÚDE MENTAL

## PROCESO DE ENFERMERÍA Y RELACIÓN INTERPERSONAL: UNA REFLEXIÓN SOBRE EL CUIDADO EN SALUD MENTAL

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**Objective:** to reflect the possibility of articulation between Nursing Process and phases of interpersonal relationship, and its implications for mental health care. **Method:** study of theoretical, qualitative reflection, aligned with the vision and expertise of the researchers with the theoretical framework of interpersonal relationship. **Results:** the reflection was developed in three axes: Nursing Process - a possible clinical care; Interpersonal relationship - a theory that supports nursing care in mental health and mental health care and the implications of the Nursing Process guided by the phases of interpersonal relationship. **Final considerations:** the interpersonal relationship inserted in the Nursing Process enables interventions, through empathy, listening, clarification and encouragement that occurs in the nursing consultation setting. The nursing clinic in mental health comprises the phases of interpersonal relationship inserted discreetly in the Nursing Process, mitigating the dilemma of its use allied to relational processes in nursing care.

**Descriptors:** Nursing. Nursing Process. Nurse-Patient Relations. Mental Health. Mental Health Services.

**Objetivo:** refletir a possibilidade de articulação entre Processo de Enfermagem e fases da relação interpessoal, e suas implicações no cuidado em saúde mental. **Método:** estudo de reflexão teórica, qualitativo, alinhado a visão e expertise das pesquisadoras junto ao referencial teórico da relação interpessoal. **Resultados:** a reflexão desenvolveu-se em três eixos: Processo de Enfermagem - um cuidado clínico possível; Relação interpessoal - uma teoria que sustenta o cuidado de enfermagem na saúde mental e Cuidado em saúde mental e as implicações do Processo de Enfermagem orientado pelas fases da relação interpessoal. **Considerações finais:** a relação interpessoal inserida no Processo de Enfermagem possibilita as intervenções, por meio da empatia, escuta, esclarecimento e encorajamento que ocorre no setting da consulta de enfermagem. A clínica da enfermagem em saúde mental compreende as fases da relação interpessoal inseridas discretamente no Processo de Enfermagem, mitigando o dilema de seu uso aliado a processos relacionais no cuidado de enfermagem.

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*Descritores: Enfermagem. Processo de Enfermagem. Relações Enfermeiro-Paciente. Saúde Mental. Serviços de Saúde Mental.*

*Objetivo: reflejar la posibilidad de articulación entre Proceso de Enfermería y fases de la relación interpersonal, y sus implicaciones en el cuidado en salud mental. Método: estudio de reflexión teórica, cualitativo, alineado con la visión y experiencia de las investigadoras junto al referencial teórico de la relación interpersonal. Resultados: la reflexión se desarrolló en tres ejes: Proceso de Enfermería - un cuidado clínico posible; Relación interpersonal - una teoría que sustenta el cuidado de enfermería en la salud mental y Cuidado en salud mental y las implicaciones del Proceso de Enfermería orientado por las fases de la relación interpersonal. Consideraciones finales: la relación interpersonal inserta en el Proceso de Enfermería posibilita las intervenciones, por medio de la empatía, escucha, esclarecimiento y estímulo que ocurre en el setting de la consulta de enfermería. La clínica de enfermería en salud mental comprende las fases de la relación interpersonal insertas discretamente en el Proceso de Enfermería, mitigando el dilema de su uso aliado a procesos relacionales en el cuidado de enfermería.*

*Descriptorios: Enfermería. Proceso de Enfermería. Relaciones Enfermero-Paciente. Salud Mental. Servicios de Salud Mental.*

## Introduction

Since the Brazilian Psychiatric Reform (RPB), the Psychosocial Care Network (RAPS) was constituted by assistance devices that enabled mental health care in cases of patients in psychological distress<sup>(1)</sup>. Its organizers are the Psychosocial Care Centers (CAPS), whose objective is to strengthen ties between the field of mental health and the community, to offer specialized support to primary care to involve clinical treatment and the understanding of the situation that surrounds the patient in psychological distress, with interventions to ensure their reintegration into the social and family context<sup>(1)</sup>.

The model of psychosocial care, constituted and applied in the context of BPR, is characterized by the organization of territorial services in network, and its mission is psychosocial rehabilitation and social inclusion of users<sup>(1-2)</sup>. There are multidisciplinary teams that act from the redefinition of the concept of health-disease process, which has as a principle integrality, to seek an expanded understanding of the human being<sup>(1)</sup>.

In order to act in this new model of mental health care, as proposed by the RPB, it is important that the nurse build a new paradigm, moving from the historically assumed position of behavior watchdog, repressor and physician's assistant to the one of therapeutic agent<sup>(2-3)</sup>.

This position implies a care that transcends the acceptance with guarantees of food, clothing and medication, supported by the model of health care based on promotion, prevention, recovery and rehabilitation, overcoming disease-centered care and opening possibilities to consider the multicausal factors that are part of the health-disease process in its complex relationship with the psychic, social, spiritual determinants, in a dimension of care inserted in the RAPS<sup>(1-3)</sup>.

The way nurses respond to the complexity of the determination of psychic suffering is an action based on the nurse-patient relationship and is configured as a deadlock when articulated to the Nursing Process (NP)<sup>(2,4,5)</sup>. The NP delimits the nurse's work, differentiates this professional from the others, is characterized by objectives, ethical and legal framework and unifies a professional group that shares a common reference in order to engender new knowledge and practices<sup>(6)</sup>.

The care applied through NP guides the doing and thinking to the extent that its documentation, through formal records, is shared and becomes the contribution of nurses to the development of the singular therapeutic project<sup>(2-3,6)</sup>. Therefore, in addition to directing the work process of the nursing team, it effectively portrays the care that was planned and applied, characterizing the delimitation of its core performance and

composing the field of the multidisciplinary team in mental health<sup>(2-3,6)</sup>.

The consolidation of psychiatric nursing occurred in the 1950s and 1960s, when the first works adapting psychotherapeutic methods to the practice of nurses emerged<sup>(5)</sup>. In this context, Peplau<sup>(4)</sup> proposes a theory based on the consideration of the different roles that nurses can assume during the establishment of the therapeutic relationship, based on the psychodynamic perspective for the understanding of behaviors<sup>(4)</sup>.

The adoption of the theoretical framework of the interpersonal relationship developed by Peplau<sup>(4)</sup> is consistent with the meanings and principles of nursing care in mental health in the national context. Such adoption becomes an important reference that seeks to fill the gap between theory and practice, as well as it continually opens the possibility of establishing new meanings for therapeutic experiences articulated clinical practice and social factors of empiricism, which influence the bases of nursing knowledge in various areas of knowledge, in dialogue with international research<sup>(4,7-8)</sup>.

When considering the nurse-patient relationship as opposed to standardization, the logical course of patient choice for the establishment of nursing diagnoses will be the one in which symptoms are not observed in relational vision with the assumption of singularity, but from a biological perspective according to which reproduction and standardization are feasible<sup>(3,5)</sup>.

The practice of nursing in mental health is distinguished by the strong indication of the development of the nurse-patient therapeutic relationship as the focus of interventions, which leads to the understanding that the psychotherapeutic process is its central component<sup>(5)</sup>. It becomes relevant the increase of studies that deal with the synchronization of the interpersonal therapeutic relationship with the proper method of nursing care, characterized by NP. An alternative to achieve such care can be considered through the adoption of knowledge based on the relational theoretical framework, articulated to the NP, which grants the nurse an

autonomous position before the interdisciplinary crew<sup>(2-3,5)</sup>.

In the field of mental health and the perspective of interpersonal therapeutic relationship, the NP can be supported by the arguments that aim to overcome the paradigm of tutelage, support the position of therapeutic agent, to foster the contribution of nurses to the development of the therapeutic project and to direct the work process of the nursing team<sup>(2-5)</sup>.

Thus, this reflection is justified by the observance of knowledge gaps that impact on clinical practice when there is no choice of theoretical references to support the relationship nurse-the essence of nursing in mental and psychiatric health and supports the applicability of NP as its guiding thread, and the basis for the therapeutic agency performed in the care of patients in psychological distress<sup>(2,5)</sup>. Thus, the objective of the study is to reflect on the possibility of articulation between NP and the phases of interpersonal relationship proposed by Peplau, and their implications for mental health care<sup>(4)</sup>.

## Method

This is a theoretical reflection study based on the qualitative approach. It relies on the description and analysis of theoretical constructs seized by means of bibliographic survey, enabling a deeper understanding of the study objective<sup>(9)</sup>.

The main points of discussion were derived from the reflective analysis supported by the national and international literature, aligned with the vision and expertise of the researchers, along with the theoretical framework of interpersonal relationship. In this sense, the reflection was divided into three axes: the first deals with a discussion about NP, considering its relationship with clinical care. The second focused on the interpersonal relationship and its phases and the third proposes to articulate the stages of the NP with those of the interpersonal relationship.

## Results and Discussion

### *Nursing Process: a possible clinical care*

When reflecting on the concept of NP, its application stands out in several clinical situations in which mental health can be included, in order to organize the Setting for the implementation of

The organization of professional nursing proposes a complex elaboration on care, with the need to establish a structure of own knowledge in order to direct the foundations of knowledge and make the daily life of this profession. This question has as consequence of ordering the work process from its own elements, which supported by logical thinking and associated with critical-philosophical reasoning, supports safe nursing practices and the clinic built by NP<sup>(6)</sup>.

The NP enables order and direction to care, once it is a method to assist nurses in decision-making, predicting and evaluating the consequences of interventions, which is competence and responsibility of nurses<sup>(2,5-6,10)</sup>. Nurses are required to be able to solve problems, cognitive and interpersonal skills to promote well-being to patients in psychological, family and community distress<sup>(2,5-6,10)</sup>.

The literature points out the need for an alignment of terms regarding the use of the concept of NP as advocated worldwide. Such action relates to new directions of its regulation, to support the conceptual and operational delimitation of nursing practice in the national context<sup>(6)</sup>.

The NP can be applied in several clinical situations and consists of five interrelated and interdependent stages: History, Diagnosis, Planning, Implementation and Evaluation of nursing results, whose purpose is the development of comprehensive care and has as effect its formalization and the direction of clinical practice<sup>(2,5-6)</sup>.

The nursing consultation is chosen as a possible scenario for the NP to be located, because it is outlined as an activity through which the nurse identifies the health needs, prescribes and

implements actions that help in the promotion, prevention, protection and recovery of patients in psychological distress<sup>(2-3,6)</sup>. It is recommended that nursing consultation be incorporated into clinical practice, since it is the Setting in which the stages of NP are developed in the context of mental health, when considering the community-based psychosocial care model<sup>(2,5)</sup>.

### *Interpersonal relationship: a theory that supports nursing care in mental health*

The proposal of this axis assumes the possibility of the NP to organize itself in order to favor the development of a clinic focused on the person, in order to locate the disease in the meaning of its singular existence, which implies not only dealing with biological and physiological demands<sup>(11)</sup>.

In the last 50 years, the nursing theories that have supported NP emphasize the centrality of the nurse-patient relationship as the focus of care<sup>(3,5,12)</sup>. However, the application of such theoretical perspectives in clinical care practice is still a gap to be overcome. In this context, the propositions of evidence-based practice can explain the resistance of the adoption of NP, since they point to the way nursing becomes restricted to a perspective of actions that include a checklist, whose task che

Such propositions accentuate the generalization capacity of the care proposals, antagonists to the therapeutic where the focus is singular and cannot be transposed to other contexts beyond that established between the nurse and the patient in which listening is the central point of their actions<sup>(4-5,11)</sup>.

Both in the academic and professional scenario, it is important that NP is supported by active theoretical strategies and methods - philosophical, critical thinking, logical and clinical reasoning for the conception of a shared and transformative approach to care that can be assumed when adopting a relational theoretical framework in its articulation<sup>(7)</sup>.

The articulation between NP and the phases of Peplau's interpersonal relationship is a way

of organizing care recognizing that psychic suffering is a mark on the experience of life and attribute of singularity, since it delimits a place for the subject in all relations of his social life<sup>(4,12)</sup>.

The recognition of the singularity can contribute to a proposal of care that goes beyond the biomedical perspective, as well as characterizes nursing as a profession based on permanence and not on therapeutic effects during the care process in the nursing clinic<sup>(2,11)</sup>.

The clinic conceived from NP is developed through practices that associate the nurse's scientific knowledge to the one of the person, in order to plan nursing interventions focusing on the patient's autonomy, placing him as the protagonist of his treatment<sup>(2,11)</sup>. The international literature shows that the way in which nurses develop mental health care is marked by the nurse-patient relationship, as well as the importance of implementing person-centered care<sup>(5,13)</sup>.

In our course of teaching and research, we highlight the adoption of the relational theoretical framework, articulated to the proposals of nursing theory that launches the principles of care from the therapeutic interpersonal relationships for the organization of NP<sup>(2,4,12)</sup>. Thus, the mental health nurse uses her/himself as a therapeutic resource to facilitate the mobilization of the means of the patient in psychic suffering, in order to understand the meaning of her/his behaviors and establish the nurse-patient relationship<sup>(2,4-5,12-13)</sup>.

The interpersonal relationship develops in four phases, namely: orientation, identification, exploration and resolution<sup>(2,4,7,12)</sup>. In this context, the position of the authors of this study reinforces that the development of the phases of the nurse-patient relationship goes through an interchangeable and continuous path to the since nursing care in mental and psychiatric health maintains a close link between the nurse's relationship with the patient and is often coincident<sup>(2,4-5)</sup>.

### *Mental health care and the implications of the Nursing Process guided by the phases of the interpersonal relationship*

The last axis aims to indicate the articulation between NP and the phases of interpersonal relationship defined by Peplau and its implications for mental health care<sup>(4)</sup>.

Nursing history is the initial stage of NP and its main objective is data collection, through three indispensable and interchangeable procedures: interview, physical examination and mental state examination<sup>(2,5)</sup>. The purpose of performing the nursing history is to identify the needs, problems and concerns of the patient in the face of their own human reactions, which may present themselves with varying levels of change<sup>(2,5)</sup>.

The interview complements and becomes the basis for physical examination and mental state, in order to enable the nurse to begin the interpersonal relationship, which has as its preponderant characteristic the interrelation between psychic functions<sup>(2)</sup>. However, the assessment of the mental state in the proposed perspective should not be reduced to the identification of patterns of normality and abnormality, which may foster some fragmentation between body and mind, but rather consider the singularity of the person in psychic suffering<sup>(5)</sup>.

The data collection inaugurated in nursing history is closely articulated with the first phase of interpersonal relationship, called orientation, that constitutes a dynamic learning experience between nurse and patient from the establishment of communication strategies, in which both will know the health needs and start the process of developing empathy. This process is characterized by a deep and complex understanding of the person's situation in order to interpret their feelings, attitudes and behaviors, which is facilitating the understanding of their state, whose purpose tends to reverse tensions and stress in productive situations for the development of their personality<sup>(2,4,12-14)</sup>.

It is relevant to recognize the history that the patient continuously builds with the nurse as the empathic relationship develops, which favors

the way she/he explains his malaise during the nursing consultation. It is up to the nurse to recognize the problem from the perspective of the patient, when they are under the scope of the empathic relationship, as a way of constructing the nursing history, which permeates all stages of NP<sup>(2,4-5,12-14)</sup>.

Nursing diagnosis is defined as a clinical judgment of a human response to health conditions and life processes, and it is important to also consider the vulnerabilities for such response, of individuals, families, groups or communities<sup>(15)</sup>. It is important to consider that the nature of problems arising from mental health has its origin from multicausal determinants, which enables the coexistence of multiple paradigms to support the therapeutic actions of nurses<sup>(2,5)</sup>.

It is important to reflect on the clinical implication to be considered in relation to the establishment of the nursing diagnosis so that it is articulated to the singularity of the person in which results in the development of realistic parameters of the evaluation regarding relational behaviors, which aim to circumvent suffering through the identification of its strengths.

The planning stage of nursing interventions consists of decision-making by nurses to establish specific strategies for the promotion, maintenance or restoration of the patient's health<sup>(2,5,15)</sup>. It is important to establish together what are the priority needs, in order to facilitate the effectiveness of the assistance to be exercised by the entire nursing team, since the interventions describe the way in which the nurse is able to help the patient to achieve the pre-established results, in the context of the relationship, especially the rescue of autonomy<sup>(2,5,14-15)</sup>.

Another recommendation for the clinic is that the use of pre-established outcome indicators in classification systems may interfere with the genuineness of the therapeutic relationship, in addition to compromising care, considering that the construction of the goals to be achieved should not include expectations that are outside the relational dynamics between nurse-patient.

It is worth noting that the problem is located in the context of the patient's life history, therefore, its identification is not simple and that is why the phases of interpersonal relationship are fundamental to assist in the establishment of the diagnosis, planning and implementation of NP<sup>(2,4-5,12,14-15)</sup>.

The implementation stage begins after the preparation of the care plan and focuses on the beginning of actions that help the person to obtain the desired results and modify the factors that contribute to his problem through interpersonal relationships<sup>(2,4-5,12,14-15)</sup>.

As the person's strengths are explored for the construction of care in everyday life, such as making room for the experience of going to the market, taking care of household and work or choosing their belongings, Nurses should encourage the subject to narrate his/her actions so that his/her suffering is elaborated and diluted in his/her experience, which is characterized as nursing intervention.

The stages of planning and implementation are consistent with the phase of identification of the interpersonal relationship, in which the nurse allows the person to express his/her feelings, to the recognition of his/her representations in order to define the relational situations of dependence and independence together with the psychic phenomena that generate his/her suffering, clarifying his/her meaning and leading to constructive learning<sup>(2,4,14)</sup>. This can be a nursing intervention that indicates the possibility of learning for the patient to deal with the disease, considering it as an experience capable of changing his/her feelings, encouraging him/her to have positive thoughts to elaborate his/her life situation<sup>(2,14)</sup>.

The third phase of interpersonal relationship, called exploration, comprises the recognition of the problem by the person from the establishment of empathy, which favors the organization of his/her thoughts through interventions such as listening, clarification and encouragement, aiming at the resignification of psychic suffering for a greater independence in the course of life<sup>(2,4-5,12,14-15)</sup>.



It is recommended as nursing care that the construction of goals be shared in the context of interpersonal relationships, which can characterize the stages of planning, implementation and evaluation<sup>(2,4-5,12,14-15)</sup>. The interpersonal relationship allows the recognition of life experiences of patients in psychic suffering, as well as the stimulus to their accountability in the production of their symptom and in the process of making therapeutic decisions<sup>(2,5,11)</sup>.

Therefore, nurses and patients in psychic suffering become able to notice if the human reaction outlined in the nursing diagnosis statement needs to be modified, corrected or prevented by the results, which contributed to the resignification of their suffering, taken, for both, as a goal to be developed, which configures the evaluation of the effectiveness of the interventions<sup>(2,5,12,15)</sup>.

The evaluation is the final stage and permeates the entire NP, since it allows greater amplitude in the recognition of the patient's health status and is characterized by continuity and formality<sup>(2,4-5,12,15)</sup>. In this sense, it is important that the focus of clinical care is directed to the identification of the singularity of psychic suffering and assistance offered, encompassing the social, family and cultural context of the person, not restricted only to psychopathological symptoms and psychiatric diagnosis<sup>(2,4-5,12,15)</sup>. The measurement of the results is given during nursing consultations and is fostered by interpersonal relationships, in which the care plan can be modified to meet the specificities of the care process<sup>(2,4-5,12,15)</sup>.

The last phase of the interpersonal relationship, called resolution, corresponds to the recovery of the person and implies the achievement of his/her autonomy, in which he/she finds the resolution or not of his/her psychic suffering. The indicative for the achievement of goals contemplates the detachment of the interpersonal relationship, because the person is expected to have the ability to act independently in the face of tensions and stress arising from the vicissitudes of life, indicating an approximation with the evaluation stage of the NP results<sup>(2,4-5,12,15)</sup>.

As a reflection, it is reinforced that the implications for mental health care can be delimited by the recognition that the setting, established in the nursing consultation, is the scenario in which the NP, in an interchangeable and continuous path with the stages of the therapeutic interpersonal relationship. This exchange results in clinical possibilities in which evaluation parameters and goal setting need to be built together in order not to interfere in the genuineness of the therapeutic relationship. Care is also essential to encourage narratives of the daily actions of the subject, articulated to the construction of the NP, recognizing the meaning of the subject's experience that will have in the resolution phase, the untying of the nurse-patient relationship.

Such clinical implications are aligned with the proposal of the psychosocial care model and the new trends in the regulation of NP regarding the conceptual and operational support that foster the role of nurses, which corroborates with the notes for the reformulation of nursing education and training.

## Final Considerations

The complexity of nursing care in mental health has increased significantly over the years, due to scientific and technological advances, which made us reflect on the possibility of articulation between NP and the phases of interpersonal relationship by Peplau and its implications for mental health care<sup>(4)</sup>.

In this context, the contribution of the reflection developed here deals with the practical implication of adopting a relational theoretical framework centered on the person and its articulation with the stages of NP by the nurse. This fact is an indispensable attribute to mental health care and results in nursing actions whose objective is the achievement of autonomy and the resignification of the ways of living and suffering, which can be a response to the place of therapeutic agency adopted by this professional, demands arising from the model of care based on psychosocial rehabilitation.

The NP operates as a method of assistance and when guided by the theoretical bases of interpersonal relationship, considering the mutuality between method and theory, determines nursing interventions based on the experience of dynamic learning between nurse and patient, through empathy, listening, clarification and encouragement, which occurs in the nursing consultation setting.

Therefore, we argue that the nursing clinic in mental and psychiatric health has as its object the phases of the development of interpersonal relationship inserted in a discreet way in the stages of NP, which works as support to enable the proposition of nursing interventions, as well as brings the intention to mitigate the dilemma of the use of NP allied to relational processes for nursing care in mental health. This object configures in the contribution of the nurse for the development and implementation of the singular therapeutic project of the person in psychic suffering, in a community context. A limitation of this study concerns that there are several relational theoretical frameworks and that this reflection adopted a perspective that respected the clinical and research course of the authors, we also highlight the importance of nurses adopt their relational reference synchronizing it with their professional career.

### Collaborations:

1 – conception and planning of the project: Vanessa Pellegrino Toledo and Ana Paula R. F. Garcia;

2 – analysis and interpretation of data: Vanessa Pellegrino Toledo and Ana Paula R. F. Garcia;

3 – writing and/or critical review: Vanessa Pellegrino Toledo and Ana Paula R. F. Garcia;

4 – approval of the final version: Vanessa Pellegrino Toledo and Ana Paula R. F. Garcia.

### Competing interests

There are no competing interests.

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