

ORIGINAL

Importance of mental health nursing care: an ethnographic approach in university professors

Importancia del cuidado de enfermería en salud mental: un abordaje etnográfico en profesores universitarios

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Cite as: Almeida Rueda LM, Pulido Montes MA. Importance of mental health nursing care: an ethnographic approach in university professors. Data and Metadata. 2025; 4:856. <https://doi.org/10.56294/dm2025856>


Submitted: 04-07-2024

Revised: 10-11-2024

Accepted: 11-04-2025

Published: 12-04-2025

Editor: Dr. Adrián Alejandro Vitón Castillo 

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ABSTRACT

Introduction: a qualitative study was developed based on nursing care in mental health, which is a pillar in university education and in the performance of the role, since it is a priority to intervene from all the dimensions of the being.

Objective: to interpret the meanings about nursing care in mental health held by the professors of the nursing faculty of a university in eastern Colombia.

Method: qualitative research with ethnographic approach, use of techniques to obtain data from semi-structured interviews, field diary and observations; ethnographic analysis was carried out according to Clifford Geertz, where categories emerge, resulting in a general matrix that leads to a dense description.

Results: in the ethnographic analysis two major categories were identified, one is mental health as a construct, and the other is integral health care, within these a series of subcategories that explain the study phenomenon are deployed, thus achieving a dense description.

Conclusion: it was evidenced that the meanings of nursing care in mental health become diverse according to the expertise, it was also identified that the experiences lived by each teacher mark the daily actions in teaching the formation of the nursing role, showing the importance in all cases of assuming nursing care in mental health for the comprehensive care of individuals, families and communities.

Keywords: Mental Health; Nursing; Nursing Role; Nursing Teachers; Qualitative Research.

RESUMEN

Introducción: se desarrolló un estudio cualitativo partiendo de los cuidados de enfermería en la salud mental siendo estos pilares en la formación universitaria y en el desempeño del rol, ya que se hace prioritario intervenir desde todas las dimensiones del ser.

Objetivo: interpretar los significados sobre el cuidado de enfermería en salud mental que tienen los profesores de la facultad de enfermería de una universidad del oriente colombiano.

Método: investigación cualitativa con enfoque etnográfico, uso de técnicas para obtener los datos a partir de entrevistas semiestructuradas, diario de campo y observaciones; se realizó análisis etnográfico según Clifford Geertz, en donde surgen categorías, resultando una matriz general que lleva a la descripción densa.

Resultados: en el análisis etnográfico se identificaron dos grandes categorías, una es la salud mental como un constructo, y la otra es el cuidado integral de la salud, dentro de estas se despliegan una serie de subcategorías que explican el fenómeno de estudio, logrando así la descripción densa.

Conclusión: se evidencio que los significados del cuidado de enfermería en salud mental se hacen diversos de

acuerdo a la experticia, también se identificó que las experiencias vividas por cada profesor marcan el actuar diario en la enseñanza la formación del rol de enfermería dejando ver la importancia en todos los casos de asumir cuidados de enfermería en salud mental para la atención integral de personas, familias y comunidades.

Palabras clave: Salud Mental; Enfermería; Rol de la Enfermera; Docentes de Enfermería; Investigación Cualitativa.

INTRODUCTION

According to the World Health Organization,⁽¹⁾ mental health is “conceived as a state of well-being in which the individual realizes his or her abilities, overcomes the normal stresses of life, works productively and fruitfully, and contributes to his or her community.” Accordingly, mental health encompasses various dimensions of human beings directly related to their environment and daily life.

The global mental health situation is alarming, with almost a billion people suffering from mental disorders, 3 million dying each year from the harmful use of alcohol, and one person committing suicide every 40 seconds.⁽²⁾ In the Americas, according to data from the Pan American Health Organization,⁽³⁾ 100 000 people commit suicide every year.

In Colombia, the figure is no more encouraging since, according to the National Mental Health Survey (ENSM) of 2015, it is evident that 9,6 % of the adult population aged 18 to 44 present symptoms of some mental disorder, with one or more symptoms of anxiety, 52,9 %; with one to three depressive symptoms, 80,2 %. Only 8,2 % of men and 10,1 % of women had a diagnosis of mental illness during their lifetime.⁽⁴⁾ In 2023, according to the latest bulletin from the National Institute of Legal Medicine and Forensic Sciences in Colombia, there were 3 145 suicides.⁽⁵⁾

It is a fact that “suicidal behavior is an unwanted result in mental health”.⁽⁶⁾ The epidemiological panorama of mental health becomes a public health problem, where nursing action is required forcefully, with interventions ranging from the promotion of mental health to the prevention and treatment of cognitive issues and disorders, which increases the cost of health.⁽⁷⁾

The Mental Health Global Action Programme (mhGAP) intervention guide from the World Health Organization (WHO) and the Pan American Health Organization (PAHO)⁽⁸⁾ is aimed at strengthening the care provided by human talents, such as nurses, for the promotion of mental health, prevention and treatment of cognitive problems and disorders.⁽⁹⁾

Nursing is an essential profession for modifying figures that affect mental health. It is also known that there is a training deficit of these professionals in mental health care in Colombia, which limits access to adequate care in this area.⁽¹⁰⁾

A study on teaching specialized mental health nursing in Brazil revealed that only 23,3 % of teachers work in this area.⁽¹¹⁾ Nursing education is a challenge as there is a lack of professionals and insufficient preparation of nursing teachers who specialize in areas related to mental health.⁽¹²⁾

Based on the above, it is pertinent that educational institutions work to identify the gaps that hinder the training of mental health nurses so that they can be applied in different contexts and contribute to improving the mental health of individuals, families, and communities.⁽¹³⁾

From the outset of the training, it is necessary to emphasize that this study aims to interpret the meanings that professors of a nursing program at a university in eastern Colombia have about mental health nursing care.

METHOD

A qualitative hermeneutic ethnographic study was carried out, following the approach adopted by Clifford Geertz based on his notion of cultures and their interpretation. The participants were 16 university professors who met the following criteria: Nurses by profession hired as part-time or full-time in a nursing program at a university in the city of Bucaramanga-Santander-Colombia, the sampling was of extreme cases according to the stipulations of Patton in 1990, implying that the selected participants are those who can contribute the most information,⁽¹⁴⁾ the data was collected from semi-structured interviews with a previously designed guide, participant observation and field journal; Thus, 16 interviews were conducted, which were recorded and transcribed in Microsoft Word, collected during 7 months of fieldwork during 2022, each of them carried out in an appropriate space preserving privacy to maintain confidentiality, the approximate time of each interview was from 30 minutes to 80 minutes. The observations were recorded in a field diary with a previous observation guide; there were 2 hours per week of observation for 28 weeks, for 56 hours.

Subsequently, the ethnographic analysis was carried out according to Clifford Geertz's postulates from his interpretation of cultures around dense descriptions.⁽¹⁵⁾ The data analysis process began, coding descriptively

in the Microsoft Word document where the transcribed interviews were located. In a Microsoft Excel document, the coded data was separated and organized, and categories and subcategories were assigned and grouped to establish explanatory maps of the phenomenon, designed in the online application Cmaps Tools, until the moment of theoretical saturation, when the interviews ended, and the process of dense description began. The participants' data were kept confidential and used only for research purposes. They were assured anonymity, and the study results were known to them. This study was approved and endorsed by the Subcommittee on Bioethics in Research of the Bucaramanga branch of the Cooperative University of Colombia in minutes No. 002 of April 2, 2018.

RESULTS

There were 16 participants in total, the majority of whom were women. All had a minimum level of specialization education and ages ranging from 36 to 55 (see table 1).

Table 1. Socio-demographic characteristics						
Variables	Sex		Age	Studies carried out		
Total: (N=16)	Woman	Male		Specialization	Master's degree	Doctorate
N	15	1	36-55	9	6	1
100 %	93,75 %	6,25 %	Average 45,1	56,25 %	37,5 %	6,25 %

Two main categories emerge in this study: 1. Comprehensive healthcare: with the subcategories: a. Personal care, b. Non-professional care and c. Nursing care (mental health nursing care); 2. Mental health: with the subcategories: a. Feeling, b. Perceiving, c. Being and d. Needing.

Comprehensive healthcare

These are types of care that can be provided by nurses, they require a public policy approach, since the health model is designed to attend to the needs of the individual at any given moment and not for comprehensive care of the person, including personal care, non-professional care and nursing care. These data correspond to the discourses and observations made, the most significant discourses are presented below:

Nursing "lends itself to the comprehensive care of the individual" (EPE8).

Comprehensive care requires addressing public policy (EPE8).

"The model is not designed for me to attend to the integrality of the person, our model is designed for me to attend to your need here" (EPE9).

This first category includes subcategories such as:

Personal care

Self-care is essential for achieving mental health, overcoming difficulties in order to achieve goals, and maintaining physical and mental health. The codes associated with this category were diverse and related to the personality of each teacher, according to their individuality and experiences. Included in this care are loving oneself, the spiritual dimension, connecting with God, exercising, dancing, getting massages, learning new things, going out and interacting with pets, going for walks, hiking, being in contact with nature, having money to travel and enjoy oneself. The discourses that represent the current subcategory are:

"Self-care, if you don't know how to love or take care of yourself, you waste the year" (EPE3).

"Money... it doesn't bring happiness, but you need it... money for many things, and everything is for Mental Health... Going out... resting and traveling" (EPE14).

"I give myself massages" (EPE15). 'Loving oneself... the person has to take care of themselves in order to be able to take care of others' (EPE15).

"Loving oneself by accepting oneself as one is" (EPE16).

"my spiritual life, what is that connection with God for me is fundamental" (EPE4).

Unprofessional care

They occur in the family, with friends, with one's partner or with work colleagues, they are based on love, they take the form of advice to facilitate processes in others, they also involve being attentive to them or them being attentive to one, which is a two-way street and is reciprocal. The discourses corresponding to the present subcategory were:

The partner or life companion contributes to people's mental health (EPE1)

Family nucleus attentive to moods, they are a support (EPE13)

“despite his condition... guaranteeing him an entire environment of love has been wonderful” (EPE4)

“family... support in the emotional, economic part, ‘they are always there... it is something indescribable’ (EPE14)

“So that he is aware of me, that he is conscious” (EPE16)

Nursing care

Are holistic processes that need to incorporate mental, social and physical health, which is also dynamic and involves the interaction of the caregiver and the care recipient. The significant discourses in this category are:

“Seeking spiritual help, listening to them... interaction that can help the person express the feelings of that grief, of that loss and... improve the condition of the family” (EPE7).

Nursing care “is not just about restoring the person’s physical health” (EPE1).

“It is also a dynamic process...carer and subject of care interact” (EPE7)

“guaranteeing all those conditions that allow the person to overcome a situation of illness...and/or enhancing all those factors related to health” (EPE4)

From nursing care emerges the subcategory called mental health nursing care, which are care actions that the nursing professional performs to help, contribute, teach, and provide guidelines for the maintenance, improvement, and restoration of the individual’s mental health, including the family, community and their environment, fostering good relationships based on love, caring for areas such as the mind and the heart, that leads to inner peace and spiritual management, with communicative tools of dialogue, releasing stress, observing and listening, making the other feel important, arise from direct contact with the patient.

This care is perceived as interventions specific to nursing and other disciplines. Limitations of this type of care (limited time, not easy to approach, many contexts, lack of knowledge of the role) and current needs (educational, legislative, supply of human talent, and interdisciplinary work) are perceived, involving several fields of action that have not been strengthened, but require attention, and that it be provided in a transversal way in the different practices where the exercise of the role begins. The discourses that represent this subcategory are:

“are all those actions that the nurse carries out to try to keep a person stable... In... their mental health... management of emotions, anxiety, depression” ... they include the individual, family and environment (EPE8).

‘is caring for those areas... the mind and the heart’ ... it happens when Nursing can understand what the person is expressing, observe and listen” (EPE4).

“It is not exercised...because everything is turned upside down, first... the biomedical and then the other” (EPE9)

“guidelines for people to learn to manage stress or difficult situations” (EPE2).

Assertive communication releases stress (EPE6)

“Sitting down to talk about what was happening and expressing their experience... nursing makes contact (looking at them, touching their hand, talking to them, introducing themselves, telling them that they can say whatever they need”) (EPE5).

Interventions that have come from other disciplines that are also effective (EPE8).

“that part needs to be strengthened” (EPE6)

“it has many contexts” (EPE1)

Mental health

For the participants in this study, mental health is a connection and an optimal state of physical and mental well-being; it is a whole. The discourses related to the category are:

“It is an optimal state of well-being, both physical and mental, where I am an actor in a way that is in line with the needs of society.” (EPE15)

To feel good

To feel good (about themselves, about their co-workers, about their work, about their relationships with their family, with their friends, with their partner), free, happy, loved, at peace. The above is interpreted from the following discourses:

“To feel good in each of the spheres with their family member... To feel happy in general... calm” (EPE1).

“it’s all the care and interventions that make the person feel ... or that have a physical and mental connection that allows them to be at ease, at peace, and feel well” (EPE7).

“how they feel about their interpersonal relationships” ... ‘how they feel about their work’ ... ‘how they feel about others’ ... ”how they feel about themselves” (EPE9)

Perceiving

Perceiving oneself (as being well, in balance, in harmony): the discourses where this result can be seen are: “it’s like that perception of well-being... of that emotional part of people” (EPE9)

To be

To be (at peace, in balance, in harmony, at peace. The discourses related to the subcategory were: “that one is in that balance” (EPE2).

“Mental Health, for me... is a balance between all the spheres of my life... between the physical, a balance between the mental, a balance in what I do in my work, a balance with what I do in my personal life, in my family life; in other words, for me to be at peace” (EPE11).

‘To live in peace’ (EPE16).

“If you’re not mentally well, the rest of the things are wrong” (EPE15).

Need

Need (need for care, self-care and love), it is evident from the data obtained that Mental Health needs nursing care, self-care and love in order to maintain, improve or recover, this can be seen in the following statements:

“providing education to people to, let’s say, stay healthy, but in their psycho-affective part” (EPE2).

“providing the self-care part... allows... contributes a lot to keeping me in good mental health” (EPE1).

“without love there is no mental health” (EPE4)

DISCUSSION

To interpret the meanings of nursing care in mental health held by the participating teachers, a category called Comprehensive Health Care stands out, which includes personal care, non-professional care, and nursing care. This represents the origin of nursing care in mental health. Likewise, Gil A. *et al.*⁽¹⁶⁾ indicate that care “contributes to a healthy life, self-care and preserving health, and personal well-being. They also refer to how essential it is to learn about self-care and change or modify one’s needs over time. Professional care, especially nursing care, arises at a certain point. As a humanistic and scientific profession, these types of care are complementary, but the most important is that provided by the family.

The results of the current research show that culture is inserted from the family, and this, in turn, is reflected in comprehensive health care. This is similar to what Vargas *et al.*⁽¹⁷⁾ affirm about programs for comprehensive health care that should be continuous and focused on the person, families, and caregivers, making them participants in their health process, thus causing a change and making them aware of the need to manage their own health.

In the present study, personal care is focused on loving oneself, managing spirituality, religion, physical activity, fun, relaxation, learning, contact with nature, and money to enjoy. This is in line with what Gutiérrez V⁽¹⁸⁾ says about self-care, defined as practices of self-love that the individual can carry out in daily life, such as paying attention to emotions, establishing times for rest, sleep hygiene, laughing and hugging, drinking water, doing physical activity and enjoying food.

This makes it possible to achieve balance, be healthy, and improve one’s quality of life. The non-professional care that emerges in the current study can be provided by family, friends, partners and is defined in terms of love, caring, and advice, which coincides with Fuentes and Silva, on informal or also called domestic care, which can be customary;⁽¹⁶⁾ in addition, other authors describe that care is seen as a legal obligation towards one’s partner, parents, children and towards anyone who needs it so that this non-professional care is a fundamental part of the daily life of individuals in this society.⁽¹⁹⁾

According to the present research, nursing care has a comprehensive and holistic approach, including the spiritual, interaction, and the expression of feelings. This assessment is close to the concept of humanized care presented by Gualdrón *et al.*⁽²⁰⁾, who define it as the fundamental essence of nursing, responsible for accompanying, listening, and providing dignified treatment based on scientific knowledge.

Within this study, teachers’ training needs are identified to facilitate a comprehensive approach to mental health education in nursing. Similarly, in a survey carried out in Brazil, teachers of a nursing program indicated that the teaching of mental health is limited by the lack of preparation of teachers in the area of mental health, which is an obstacle to being able to expand beyond the specific practice of mental health to other health scenarios.⁽¹¹⁾

Similar results are presented in Argentina in an investigation into the mental health training of nurses since this is not by the job position, nor is it adapted to professional needs; furthermore, it does not contemplate the continuity of training throughout life, and this lack of continuous education means that nursing professionals cannot take preventive measures in their role, increasing risks, reducing the safety of patients and family members, delaying teamwork due to a lack of effective communication.⁽²¹⁾

In this study, mental health is a physical and psychological connection; it is feeling, perceiving oneself, being, and needing, and it is something global, which is related to what has been found by Colombian authors who define mental health from two approaches, one centered on the disease, where mental pathologies are highlighted, problems that trigger signs and symptoms or mental affectations, and the second is a positive approach where qualities are enhanced, and personal development is guaranteed.⁽²²⁾

In the same direction as perceived by the participants of this study, Colombian Law 1616 of 2013⁽²³⁾ refers to mental health as “being expressed in everyday life through behavior and interaction... allowing... the deployment of emotional, cognitive and mental resources”, furthermore, the National Mental Health Survey⁽⁴⁾ showed that the meaning of mental health for the Colombian population is to be well, both individually and collectively, it is a matter of relationships, it is “to have good physical health, to eat, to sleep, to rest, to feel good, happy, at peace with oneself, to overcome difficulties and with enthusiasm, not to worry, not to be stressed and not to suffer,” In addition, when comparing age groups in or out of poverty, comfort and not wanting for anything are included as part of the definition.⁽⁴⁾ Additionally, authors such as Macaya et al.⁽²⁴⁾ conclude that there is no general health without mental health and no collective health without mental health.

Chile⁽²⁴⁾ refers to mental health from a cultural perspective, which can involve “subjective well-being, the perception of one’s efficacy, autonomy, competence, intergenerational dependence and the self-realization of intellectual and emotional capacities”.⁽²⁴⁾

CONCLUSIONS

All of the above leads to the conclusion that the interpretation of the meanings of care in mental health nursing held by the teachers of a nursing program in eastern Colombia varies according to each participant’s experience. The perception originates from the conception of comprehensive health care, where mental health nursing care is a subcategory. Thus, the mental health category emerges, which aims to glimpse how nursing care can be intervened.

The meanings of mental health are of great importance for nursing and undoubtedly require additional efforts to address the limitations and needs that arise depending on the context. The training of nursing students in this field depends to a large extent on the experiences of the teachers, who are the ones who lead the design, implementation, and evaluation of specific interventions for the promotion of mental health, prevention, and treatment of psychosocial problems, and cognitive disorders, and thus establish comprehensive healthcare.

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FINANCING

This study was approved and endorsed by the Subcommittee on Bioethics in Research of the Bucaramanga branch of the Cooperative University of Colombia.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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