

ORIGINAL ARTICLE

NURSES' FEELINGS WHEN ACCOMMODATING AN AGITATED AND AGGRESSIVE PSYCHIATRIC PATIENT

SENTIMENTOS DO ENFERMEIRO AO ACOLHER PACIENTE PSIQUIÁTRICO AGITADO E AGRESSIVO
SENTIMIENTO DEL ENFERMERO AL RECIBIR PACIENTES PSIQUIÁTRICOS AGITADOS Y AGRESIVOS

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ABSTRACT

Objective: to understand how the nurse feels when welcoming the agitated and aggressive psychiatric patient in an emergency unit. **Method:** this is a qualitative, descriptive study, with 13 nurses who work daily in the reception room of an Emergency Unit, based on recorded interviews, transcribed and analyzed by the theoretical methodological framework of Social Phenomenology. **Results:** the nurses reported discomfort and concern about their safety and physical integrity when welcoming the agitated and aggressive psychiatric patient, understanding these presentations as obstacles, as well as their lack of personal preparation. It was highlighted that the place is unfavorable for welcoming, with an excess of environmental stimuli. Thus, their expectations are characterized by the need for a reserved and calm environment. **Conclusion:** it was shown, by understanding the nurses' feelings, that they do not feel comfortable in this action, which negatively impacts the way they act. It became possible to understand that techniques for handling and using therapeutic interpersonal relationships can be strategies to facilitate the approach of these patients in emergency units. **Descriptors:** User Embrace; Psychomotor Agitation; Psychiatric Nursing; Mental Health; Nursing; Qualitative Research.

RESUMO

Objetivo: compreender como o enfermeiro se sente ao acolher o paciente psiquiátrico agitado e agressivo em uma unidade de emergência. **Método:** trata-se de estudo qualitativo, descritivo, com 13 enfermeiros que atuam diuturnamente na sala de acolhimento de uma Unidade de Emergência, a partir de entrevistas gravadas, transcritas e analisadas pelo referencial teórico metodológico da Fenomenologia Social. **Resultados:** relataram-se, pelos enfermeiros, desconforto e preocupação com sua segurança e integridade física ao acolher o paciente psiquiátrico agitado e agressivo, entendendo essas apresentações como obstáculos, assim como a sua falta de preparo pessoal. Destacou-se que o local é desfavorável para o acolhimento, com excesso de estímulos ambientais. Caracterizam-se, assim, as suas expectativas pela necessidade de ambiente reservado e calmo. **Conclusão:** mostrou-se, pela compreensão dos sentimentos dos enfermeiros, que não se sentem confortáveis nessa ação, o que impacta negativamente o modo como atuam. Tornou-se possível entender que técnicas de manejo e utilização do relacionamento interpessoal terapêutico podem ser estratégias para facilitar a abordagem desses pacientes em unidades de emergência. **Descritores:** Acolhimento; Agitação Psicomotora; Enfermagem Psiquiátrica; Saúde Mental; Enfermagem; Pesquisa Qualitativa.

RESUMEN

Objetivo: comprender cómo se siente el enfermero cuando recibe al paciente psiquiátrico agitado y agresivo en una unidad de emergencia. **Método:** es un estudio cualitativo, descriptivo, con 13 enfermeros que trabajan diariamente en la sala de recepción de una Unidad de Emergencia, a partir de entrevistas grabadas, transcritas y analizadas por el marco metodológico teórico de la Fenomenología Social. **Resultados:** los enfermeros informaron incomodidad y preocupación por su seguridad e integridad física al dar la bienvenida al paciente psiquiátrico agitado y agresivo, entendiendo estas presentaciones como obstáculos, así como su falta de preparación personal. Se destacó que el lugar es desfavorable para acoger, con un exceso de estímulos ambientales. Por lo tanto, sus expectativas se caracterizan por la necesidad de un ambiente reservado y tranquilo. **Conclusión:** se demostró, al comprender los sentimientos de los enfermeros, que no se sienten cómodos en esta acción, lo que afecta negativamente su forma de actuar. Se ha hecho posible comprender que las técnicas para manejar y usar las relaciones terapéuticas interpersonales pueden ser estrategias para facilitar el abordaje de estos pacientes en unidades de emergencia. **Descritores:** Acogimiento; Agitación Psicomotora; Enfermería Psiquiátrica; Salud Mental; Enfermería; Investigación Cualitativa.

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INTRODUCTION

It is known that health professionals, especially those who work in Emergency Units (EU), frequently encounter agitated or aggressive patients, who correspond to about 10% of all psychiatric emergency care.¹ In the United States, it is estimated that about 1.7 million visits to the EUs per year may involve agitated psychiatric patients.² It is reported that, in Brazil, the proportion of emergency calls due to mental disorders is around 3% of the total calls made at a general emergency hospital, with a quarter of these visits motivated by agitated or violent behavior.³

Agitation is characterized by excessive motor or verbal activity, irritability, lack of cooperation and threatening behavior. It is explained that aggression, in turn, is not a fundamental characteristic of agitation, and the frequency with which they are associated is not clearly established.¹ For this behavior, they represent a frequent phenomenon and a clinically relevant issue in Psychiatry, being related to psychiatric conditions such as: schizophrenia; bipolar disorder; personality disorder; anxiety disorder; panic and depression syndrome, as well as in situations of substance use and intoxication.²

It is understood that, depending on the degree of agitation, these patients represent a risk to physical integrity, both for health professionals, as for themselves and other patients. It is pointed out that as important as the urgency to reduce the degree of agitation or the risk involved in the situation is the need to collect information for the formulation of diagnostic hypotheses and differential diagnosis.^{2,3} In the EUs, the collection of these data begins at the reception performed by the nurse.

It is explained that, at the reception, the nurse is responsible for evaluating the patient as soon as he arrives at the unit, humanizing the assistance, since the primary care area and the waiting time for the medical evaluation are determined according to the severity of the patient. The reception, understood as a light technology based on relationships, contemplates the existence of a dynamic work object, in continuous movement, no longer static. For this object, health professionals, especially nurses, are required to have a differentiated ability to look at them in order to perceive the dynamics and plurality of actions that challenge subjects to creativity, listening, flexibility and to the sensitive.⁴

For many nurses, however, welcoming the psychiatric patient can be a challenge. It is believed that the nature of a patient's presentation can influence the professional's decision-making at the moment of reception, especially when they need to meet a person who is

strongly distressed or agitated. The difficulty in managing these patients increases as it is understood that the busy nature of the EU, with excess of people and environmental stimuli, combined with long waiting times, often intensifies agitation and aggression behaviors by patients.⁵⁻⁷

It is pointed out that agitation is a dynamic situation that can quickly increase from anxiety to aggressive or violent behavior, which requires immediate and safe intervention. It is advised, first, that the health professional should never put himself in an unsafe situation (for example, in a closed room or where access to doors is blocked or other compromising places). It should be noted, therefore, that in situations where the person already arrives aggressively to the EU, he will not be sent to the reception room, but to a place with less external stimuli (an exam room or an individual office, for example), always accompanied by more than one health professional, promoting greater comfort and reducing the waiting time for care.²

They are often evoked by incidents of aggression involving patients, feelings like guilt and compassion of the nurse towards the aggressor or make them avoid them, and they may also feel insecure in welcoming these patients, having doubts about their professional competence or even developing feelings of failure.⁸

It is reinforced that, although the roots of these attitudes are numerous (personal prejudices, organizational climate, concerns about safety, agglomeration and lack of confidence in skills), these are recurrent factors in welcoming the agitated or aggressive psychiatric patient and, for these reasons and other reasons, EU nurses are uncomfortable caring for patients with mental health issues.^{5,8}

It is reinforced that, although the roots of these attitudes are numerous (personal prejudices, organizational climate, concerns about safety, agglomeration and lack of confidence in skills), these are recurrent factors in welcoming the agitated or aggressive psychiatric patient and, for these reasons and other reasons, EU nurses are uncomfortable caring for patients with mental health issues. However, although it is possible to move towards the articulation of a more complex operating model, the centralization of the figure of the doctor and his knowledge, leading to an increase in visits to the EUs to deal with crises that are often accompanied by of agitation and aggression presentations.⁹

The health professional can be emotionally affected by these patients, who may feel threatened or believe that there is a threat to other patients in their care or to the team. Feelings of fear or anger are expected, for example, in threatening situations, so the nurse

must be aware of their own feelings and determine the extent to which they reflect the real situation and be aware that threatening and hostile behaviors are the clinical manifestation of a mental disorder. It is essential that the nurse remains neutral and takes measures that are not excessively permissive or punitive.⁹⁻¹⁰

It is important to know this reality considering the growing demand for agitated and aggressive psychiatric patients in the EUs, the importance of the nurse's neutrality at the time of care and the scarcity of literature about the nurses' feelings at the moment they welcome the agitated psychiatric patient and aggressive.^{1-3,9-10}

OBJECTIVE

- To understand how the nurse feels when welcoming the agitated and aggressive psychiatric patient in an emergency unit.

METHOD

It is a qualitative, descriptive study, based on the following assumptions of Alfred Schütz's Social Phenomenology: social action; face to face relationship; existential motives and typification.¹¹

This theoretical framework was chosen, as it allows the researcher to understand the subject's action with the other, proposing the analysis of the social relationships present in everyday experiences.¹¹ It is added that, in this study, the action in question is the reception of the agitated and aggressive psychiatric patient, which is called social action. It is necessary, in order to carry out a social action, that the subject's own experiences accompany his actions, including feelings of sympathy, dislike and all others and also that the experiences of the other are considered.

It is expected, through the social action by the subject, to provoke in the other a reaction that, in the same way, will be reported as another action, which is called a social relationship, because it puts it in relationship with each other. Thus, welcoming is presented as a moment when the nurse develops a relationship with the patient, offering the possibility of directly apprehending the other, in an act of social interaction, which allows the nurse to understand the patient as a person, guiding care towards "us". Such a concept is called face-to-face relationship.¹¹⁻³

From the sociologist's perspective, there is an understanding of the meaning of human action based on existential motives. It is called, to those who refer to the lived experience, contextualized through the stock of knowledge, of "reasons why"; those that relate to the projects, objectives that one wants to achieve, are called "reasons for", and the set of reasons for and because it constitutes the subject's action in the social world and allows the construction of the experienced

type of the nurse who welcomes the patient aggressive and agitated psychiatric in an EU.¹¹⁻²

Thus, it is possible, through interviews, to understand the reasons why the nurse does or does not accept the psychiatric patient related to his previous experiences (reasons why) and also the expectations he has when performing this action (reasons for).¹¹ To this end, the interview was based on two guiding questions: "How is it, for you, to welcome the agitated and aggressive psychiatric patient?"; "How would you like this welcome to happen?".

The setting of the EU was defined as a university hospital located in the city of Campinas, São Paulo, Brazil. It is noteworthy that, in this unit, the reception is performed in a small office located at the reception of the EU. The group of subjects studied was composed by 13 nurses who work in the EU reception room, in the morning, afternoon and night shifts. The inclusion criteria were listed as acting as a nurse who performs care in the EU in question and being in the unit at the time of data collection. Nurses who were on vacation and on leave at the time of data collection were excluded.

There was access to participants in their environment and working hours after obtaining authorization from the hospital board and the consent of the EU coordinator. The purpose of the study was explained, individually, and the invitation to participate was made. The interviews started only after the participants' consent to the Free and Informed Consent Term (FICT).

Fieldwork was carried out in the first half of 2016, based on recorded interviews, ending when the researcher's concerns were answered and the objective of the study was achieved.¹³

The information was analyzed according to the steps of researchers from Social Phenomenology: reading and rereading each statement, with the objective of identifying the relevant aspects regarding the context of the nurses' experience; identification and subsequent grouping of the significant aspects of the statements in units of meaning; synthesis of the units of meaning to later compose the categories.¹⁴

The study was carried out in accordance with Resolution No. 466/12, which discusses research with human beings, approving it under opinion No. 1,314,538. The participants were identified, to guarantee their anonymity, with the letter "E", initial of the word "nurse", followed by Arabic numbers, according to the order in which the interviews were conducted.

RESULTS

Through the knowledge of how nurses feel when welcoming an agitated and aggressive patient in an EU and what they expect from this

action, the organization and analysis of the categories that express the “reasons for” and “reasons why” were made possible. The “reasons why” are expressed in the category: Feelings of the nurse when welcoming the agitated and aggressive psychiatric patient. The “reasons for” were translated into the category: Unfavorable environment to welcome the agitated and aggressive psychiatric patient.

◆ Nurses' feelings when accommodating the agitated and aggressive psychiatric patient

Nurses were shown to be concerned about their physical integrity when reflecting on the reception of the agitated and aggressive psychiatric patient.

[...] when the patient arrives aggressive, physically attacking everyone, depending on their physical size, the team gets hurt. As much as we try to do the right thing to avoid physical injuries, we can't because we get beaten. (E3)

The feeling of discomfort was also mentioned, in addition to fearing for their safety, as generally the professional is alone at the time of carrying out this action and is at risk of suffering an aggression.

When the patient arrives very agitated, he is tense [...] always gives a little discomfort. (E11)

Most of the time, the patient arrives aggressive and the room does not hold this patient and ends up putting the professional's life at risk [...] we will bring him to the room only with the professional nurse here? (E4)

It was highlighted that aggressiveness and agitation can be recognized as obstacles to the performance of the welcoming action and that, when patients arrive calm and answer questions asked by the professional, it is more peaceful.

When they arrive calm, they answer everything we need, then, it's easy, but when he's aggressive, there's no way to talk. (E6)

Agitated and aggressive behavior, screams or psychotic outbreaks were considered challenges that hinder the performance of nursing procedures, such as checking vital signs and risk classification.

[...]it is a challenge because, precisely because of this behavior change, it has much more and makes it difficult if you are going to check vital signs, the basics that we do in the risk classification, you are not always able to. (E7)

[...]if he is not screaming, he is not in a psychotic break, so I think we could classify this. (E1)

Nurses feel uncomfortable and believe that they do not have a personal preparation to welcome the psychiatric patient, as this requires tolerance, malleability or “having a way” to deal with them.

I think it's really personal preparation. And not everyone has that tolerance, that malleability to get to him. (E2)

[...]I honestly am not very good, I can't deal with psychiatric patients very well, but we try. (E8)

◆ Unfavorable environment to welcome the agitated and aggressive psychiatric patient

It was considered, by nurses who perform care in the EU, that the unit is not suitable for these patients, as it is a place with excessive environmental stimuli, brightness and a lot of movement of people, which can contribute to apprehensive and aggressive.

I think this is not a good place for psychiatric patients. Because it is a busy place, with a lot of noise, with a lot of light, with a lot of people, so it makes them scared, apprehensive, aggressive [...]. Now, those who are really outbreak, aggressive, it all gets in the way. (E3)

The dynamics with this patient are special. You need a suitable environment, you cannot be in the middle of turmoil. (E5)

It was also evidenced by the speeches of the participants, that the agitated and aggressive psychiatric patient needs to be welcomed in a reserved area, calm and away from the agitation commonly perceived in EU environments, which guarantees their privacy and prevents their exposure.

I think they should have a reserved area. (E3)

He needs to be in a calmer, more isolated environment to make the approach [...] you can't do it in the middle of everyone. (E5)

[...]we end up calling, putting him in the room, trying to get him out of all this mess here in the PS. (E13)

[...]I don't know if you got to see where we do the classification [...] generally, he is the center of attention, people look, notice and you also end up being exposed. (E7)

If it gets too busy, we try to calm down, find a quieter place to put. (E11)

Another point was mentioned by the nurses related to the environment in which the reception takes place, dealing with cases of anxiety and panic in which the patient convinces the family that he cannot remain waiting for the care due to the excess of people.

[...]as he is in a state of anxiety, suddenly, panic syndrome, he convinces the family that: “Ah, I am not going, tomorrow we will come, let's go, it is very full” and such. (E9)

DISCUSSION

It is evident, in this study, the concern of nurses with their physical integrity due to the possibility of being attacked by agitated patients. This fear can be explained considering the existence of the nurses' previous experiences that welcome the agitated and aggressive psychiatric patient, as it is possible that there is a stock of knowledge that brings feelings of fear, discomfort or intimidation at the moment of reception. Such factors can act as impediments to the

performance of this action, which is evidenced in the statements in which they claim they are not able to deal very well with patients with manifestations of this nature.¹¹

These previous experiences are defined as natural attitudes, explaining that an individual is guided in life situations precisely by the “experiences he has stored” and by the “stock of knowledge he has at hand”, therefore, the nurse, in this case, cannot interpret your observations, define the situation you are in, make plans, take action, without first using your own stock of knowledge.¹¹

It is inferred, according to studies carried out with EU nurses, that the participants were reluctant, avoiding handling psychiatric patients, mainly due to lack of knowledge and previous experiences of fear and intimidation, which corroborates the findings of this study when a nurse demonstrates fear of seeing the patient alone in his room, for example.^{6,15-6} The imminent risk of physical and psychological injuries is increased, in addition, due to this limited knowledge of the team and the lack of confidence perceived in the notes of lack of personal preparation to deal with aggressive patients and with invasive behaviors.¹⁶

Fast and safe interventions are required by agitation. It is brought, by one of the participants that the professionals even try to do the right thing to avoid physical injuries, but end up being attacked. However, there is a need to understand what would be appropriate to do in these situations. Traditional methods to treat agitated patients, that is, routine physical restrictions and involuntary medication, have been progressively replaced by non-coercive approaches, such as behavioral management. It is important, first, to see the patient's aggressiveness as a sign of psychological suffering, which prevents the nurse from understanding the situation as a threat or coercion against his own person. This allows the health professional to adopt an empathetic and welcoming attitude, which, in fact, facilitates contact with the patient and the consequent control of violence.^{2,17}

With this management, the objective is to establish a nurse-patient relationship as close as possible to a bond of trust and respect in which the patient feels welcomed and his suffering is recognized, leading to the establishment of a mutual effort to control the aggressiveness.²

It is proposed, as a way to develop this relationship, for this study, the use of the therapeutic interpersonal relationship in the face-to-face relationship in which the nurse adopts empathy as a fundamental technique for the establishment of the essential bond for the success of the welcoming.¹⁸

It is emphasized that, when the nurse understands the feelings experienced by the patient, through empathy, there is a strong probability that the reception is effective, enabling the execution of the necessary Nursing procedures highlighted by a participant in their speech. It occurs, when the patient feels understood, welcome and accepted in the various aspects of their experience, a gradual malleability of their way of being and a freer flow of feelings and movements. It is detailed that, as a consequence, there may be a change in behavior towards health and psychic maturity and more realistic relationships with the self, others and the surrounding world, enabling nurses to promote care actions for that moment.¹⁸

It was also associated, by the nurses in this study, the difficulty in dealing with aggressive patients due to the inappropriate size of the reception room, which can impair the management with these people, as well as the fact that they are alone to manage a risk situation. It is also believed, by others, that the reception becomes a challenge as it becomes complicated even to check the vital signs of these patients, which makes it impossible to classify risk according to the existing protocol.

It is recommended, in fact, by specialists, that the agitated and aggressive patient should not be taken to small and closed environments where there are obstacles to the flow of the health professional. It is understood, considering the limited dimensions of most reception rooms in Brazilian hospitals, that this would not really be the most appropriate place to manage this type of behavior. It is also added the fact that these patients should never be cared for alone, which is in contrast to the work process of nurses who work in foster care in the EU, which, in most cases, do not have the presence of other health professionals in the classroom.²⁻³

It is revealed that, contrary to popular conception, psychiatric patients are not more violent than other types of patients, however, attempts to attack nurses and other employees are occurring more frequently.¹⁷ In an American study, 14,877 assaults by psychiatric patients were observed in hospitals in the country, and nurses were the most seriously injured victims.¹⁹ It was also shown, in a study carried out in Turkey, that nurses are often in situations where safety measures are insufficient.²⁰

It was identified by study participants that the biggest problem in the EU is the exponential increase in aggression and violence by patients in situations of substance abuse and alcohol. In subsequent discussions with the focus group, it was demonstrated that nurses had limited knowledge of the management process for aggressive patients.¹⁶

It was also pointed out by another study that nurses have demonstrated exceptional skills to deal with aggressive and irritated patients, such as, for example, in a situation in which a patient became angry, apparently without reason, when they put sugar in their tea, because the anger was so expressive that the team thought about using physical restraint measures, however, the nurse just apologized to the patient and he then calmed down, preventing an incident of force and restraint, which illustrates the management of the relationship with the psychiatric patient.²¹

The nurse is driven by the fear caused by psychiatric patients, mainly due to previous experiences of situations in which patients presented unstable behavior, to react quickly with measures of physical or mechanical restraint, which can often lead to aggression itself for lack of knowledge about the correct approach.^{11,17}

Another finding related to fear and discomfort regarding this type of behavior is the lack of personal preparation. Nurses reported the lack of skills to manage these patients, which could be facilitated through permanent education actions in which they obtain the confidence necessary to manage these situations. Considering welcoming as a moment of social relationship, the training of nurses to use interpersonal relationships can be a differential for managing the potential for aggression in these situations.^{11,17}

In this way, the application of the concept of face-to-face relationship is implied, understood as a moment when it is possible to directly apprehend the other, in an act of social interaction, which allows the nurse to understand the patient as a person, guiding care towards "us".¹¹ It is understood, therefore, that for the reception to be developed, it is essential to establish a face-to-face relationship between nurse and patient.

It is shown by this relationship, inserted in the reception of the psychiatric patient, its importance, considering that the situations of aggression occur more frequently at the moment when nurses are working in direct care for these patients, making them the main targets of injuries.^{11,19-20}

It is, therefore, essential that nurses maintain an effective therapeutic interpersonal relationship with the psychiatric patient, establishing bonds for a relationship based on trust and security; thus, the patient can talk about himself and his problems with lightness and tranquility, placing more and more credibility in nursing care and, thus, considerably reducing the risks of aggression.²²⁻³

In order to empower reception through communication and therapeutic interpersonal relationships, nurses need to adopt a theoretical

framework that supports their practice, reaffirming welcoming as a nursing action.

It is reflected that a possibility to favor this new movement of nurses in the construction of the relationship may be the theoretical reference of the non-directive therapeutic interpersonal relationship, whose focus is based on the relationship established between two people, favoring the discovery by the patient of the ability to use that relationship for their growth, developing self-esteem, flexibility, respect for themselves and others. Thus, the use of his theory for Nursing, especially when performing embracement, can be of great importance for the humanization and comprehensiveness of the care provided to the patient to occur, making it more resolute.²²

It is assumed that the agitated nature of the EUs may make it difficult for some nurses to establish a face-to-face relationship with patients and, therefore, considering that the therapeutic interpersonal relationship is the basis for the care of psychiatric patients, it is understood that little interaction with patients is not favorable to meet the emotional needs required by the person in mental distress.^{11,23-4}

It is pointed out, according to an Australian study, that if the EU continues to be the main gateway for psychiatric patients, then it needs to be restructured so that nurses can provide the necessary care in a favorable environment.²⁴ The findings of this study corroborate the findings of this study, taking up the "reasons for" of the nurses interviewed, who consider that the EU is not suitable for psychiatric patients, pointing out that they would like the reception to take place in a place with less environmental stimuli, brightness and movement of people.

The EU environment, in general, presents great stimuli, with a fast pace of assessment and response to emergency situations. However, there is a demand for psychiatric patients, a management that is better facilitated in a quiet environment, with few stimuli and calm.^{2,24}

It should be added that, like the interviewees in this study, the participants in the Australian study agreed that the environment in which care for psychiatric patients takes place is not the most favorable. It was also emphasized that the highly stimulating atmosphere of the EU can contribute to changing behavior and make it difficult to carry out preventive interventions and care for the psychiatric patient itself, not contributing to calm a psychiatric crisis, which is shown by previous studies.^{1-2,7,24}

The need for a physical space designed for the safety and comfort of patients and health professionals becomes essential for the development of the face-to-face relationship and, consequently, of the therapeutic interpersonal

relationship. In this way, the expectations of the nurses interviewed in this study are correlated, in a way, supported by the literature as real needs for the management of the agitated and aggressive psychiatric patient at the moment of reception.

The weak participation of the general hospital in the psychiatric reform process is a powerful obstacle. It is indicated, by previous studies, that the formatting of the EUs makes it difficult to form bonds, since they are punctual, taking into account the symptom presented by the person at the time. It is necessary, therefore, for more effective results in welcoming the agitated and aggressive psychiatric patient, in addition to the possibilities already presented, the creation of articulations with the primary care network, with the CAPS, strengthening the action of reception in the EUs.^{9,25}

It is believed that, although Ordinance 2048 / GM attests that psychiatric emergencies are the technical competence of the emergency services, there are strong limitations in dealing with these presentations, considering the focus of attention on remission of symptoms; however, although the attendance of the psychiatric emergency in the EUs works as a support service to the CAPS, the responsibility of nurses working in the emergency to seek the establishment of the bond is not exempt, the management of symptoms and, consequently, the resocialization of the patient while they remain in the service.²⁵

CONCLUSION

The theoretical-methodological approach of Social Phenomenology contributed to unveiling the phenomenon of interest in this study. The understanding of the experienced type of the nurse who performs the reception was favored, due to this understanding, a professional who, many times, may not be able to welcome the psychiatric patient who is agitated or aggressive due to feelings of concern for his safety and integrity physical, which are based on your previous negative experiences.

It has also become possible to apprehend that the nurse expects the action of the reception to occur in a more favorable environment, as he believes that the EU structure is inadequate for the process, which corroborates the findings of international studies.

It was brought, by this study, as a contribution to Nursing that feelings of fear and discomfort on the part of nurses, negatively impact the way they welcome agitated and aggressive psychiatric patients. It is clear, therefore, that initiatives that involve techniques for handling and using therapeutic interpersonal relationships to approach these patients may be possibilities for solving the problem, in addition to the consequent

articulation of the unit with the mental health care services available at network. At the end of the research, the authors used continuing education as an intervention strategy with the studied Nursing team, which obtained great adherence and satisfactory results in the studied EU.

Finally, the need to elaborate other studies that pay attention to the needs of nurses involved in welcoming the agitated and aggressive psychiatric patient in EUs is highlighted.

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