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Experiences and challenges of a street team in Portugal with vulnerable populations: phenomenological study

Experiências e desafios de uma equipe de rua em Portugal com populações vulneráveis: estudofenomenológico

Experiencias y desafíos de un equipo de calleen Portugal con poblaciones vulnerables: estudio fenomenológico

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ABSTRACT

Objective: To understand the experiences and challenges faced by professionals working on a street team in Portugal in caring for the vulnerable population from the phenomenological perspective of Alfred Schutz.

Method: Qualitative approach in the light of the theoretical framework of phenomenological Sociology, developed in a street team in the central region of Portugal from phenomenological interviews with five professionals in the months of June and July 2021. The interpretation of the results was analyzed through theoretical conceptions of Alfred Schutz's phenomenological sociology and related literature.

Results: Three categories emerged: Conflicts experienced by the street team; Frustration in the daily care provided by the street team; and, Limits in the social relationship with the vulnerable population.

Conclusion: The street team in Portugal faces challenges in caring for the vulnerable population served,requiring team skills for conflict mediation combined with an understanding of the influences of relationships, in social action.

Keywords: Vulnerable populations. Health personnel. Mental health services.

RESUMO

Objetivo: Compreender as experiências e desafios dos profissionais de uma equipe de rua de Portugal no cuidado à população vulnerável na perspectiva fenomenológica de Alfred Schutz.

Método: Abordagem qualitativa à luz do referencial Teórico da Sociologia fenomenológica desenvolvido em uma Equipe de rua localizada na região centro de Portugal a partir de entrevistas fenomenológicas com cinco profissionais nos meses de junho e julho de 2021. Os dados foram interpretados por meio da análise compreensiva conforme a sociologia fenomenológica de Alfred Schutz e de literatura correlata.

Resultados: Emergiram três categorias: conflitos vivenciados pela equipe de rua; Frustração no cotidiano do cuidar pela equipe de rua; e, Limites na relação social com a população vulnerável.

Conclusão: A equipe de rua de Portugal enfrenta desafios no cuidado a população vulnerável atendida sendo necessário habilidades da equipe para mediação de conflitos aliada a compreensão das influências das relações, no agir social.

Palavras-chave: Populações vulneráveis. Pessoal de saúde. Serviços de saúde mental.

RESUMEN

Objetivo: Comprender las experiencias y desafíos de dos profesionales de un equipo de calle en Portugal que no atienden poblaciones vulnerables en la perspectiva fenomenológica de Alfred Schutz.

Método: Enfoque cualitativo a la luz del marco teórico de la sociología fenomenológica desarrollado en un equipo de calle ubicado en la región central de Portugal a partir de entrevistas fenomenológicas con cinco profesionales durante los meses de junio y julio de 2021. Los datos fueron analizados a través de la sociología fenomenológica por Alfred Schutz y literatura relacionada.

Resultados: Surgieron tres categorías: conflictos vividos por el equipo de calle; Frustración no diaria de cuidar al equipo de calle; y, Límites a las relaciones sociales con poblaciones vulnerables.

Conclusión: El equipo de calle en Portugal enfrenta desafíos en la atención de las poblaciones vulnerables atendidas, lo que requiere habilidades de equipo para la mediación de conflictos y las relaciones sociales.

Palabras clave: Poblaciones vulnerables. Personal de salud. Servicios de salud mental.

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INTRODUCTION

In Portugal, from the 1990s, concomitant with the decriminalization of drug use, there was an expansion of the public services network for prevention, treatment and reintegration of people who abuse psychoactive substances. Moreover, services were created in the area of risk reduction and harm minimization, specifically, itinerant health teams such as Street Teams (ST)[1,2].

The ST have become the main mean of approaching, monitoring and referring people in situation of vulnerabilities, among them: people in abusive use of psychoactive substances who are without family support, in street situation and also sex workers. These teams, articulated with other services in the network, offer health and social care to these populations. Team actions include providing information, distributing supplies and materials for safe drug use such as glass pipes and harm reduction kits, consisting of syringes with needles, distilled water, filter, citric acid, male condom, alcohol wipes 70% and cap, which is configured as a metallic and round cap without thread, available for dilution of the drug. In addition, the actions are also related to other subjective care and referrals in the territory according to the needs[3].

About half of people undergoing treatment in Portugal, who have already used injectable substances in their lives, shared syringes and/or needles and also had unprotected sex, sometimes with a partner infected with the Human Immunodeficiency Virus (HIV) by at least once in a lifetime[4]. For this, Portugal has a policy aligned with the proposal of harm reduction with increased access to different care, promoting social reintegration for drug users[5,6].

The construction of knowledge about the experiences and possible challenges in caring for the vulnerable population can allow street teams to promote strategies according to the real context. In this way, this study contributes to the reflection on doing and implementing new care actions for the purpose of improve the social relationship between the ST and the population served, as well as promoting a better quality of life for people within the subjective perspectives of each one in the world of life.

In this sense, Phenomenological Sociology is based on the person who lives the experience, considering their expectations and meaning their actions in the social world[7]. The use of this theoretical framework is relevant, considering that it allows giving voice to ST professionals, research participants. Thus, the present study has the research question: What are the experiences and challenges of a ST in Portugal in the face of care for vulnerable populations?The objective is to understand the experiences and challenges of professionals from a ST in Portugal in the care for the vulnerable population in the phenomenological perspective of Alfred Schutz.

METHOD

Qualitative study from the sandwich doctorate entitled "The street team as a care tool for people in street situation". Research built in the light of Alfred Schutz's theoretical framework of phenomenological sociology. Phenomenological Sociology allows the understanding of the meaning of actions, interactions and experiences that human beings experience in the world of life, combined with the perception of their experiences[7]. The study was developed with a ST in Portugal, located in the central region of Portugal, which works in Risk Reduction and Harm Minimization with people who abuse psychoactive substances, people without family ties, sex workers and people in street situation.

The multiprofessional team consists of six professionals, being one nurse, two social workers, two cultural presenters and a psychologist. The inclusion criteria for this study were being a professional linked to the ST with at least six months of experience and having performed actions with people with the team. As exclusion criteria, professionals who were on leave or medical certificate at the time of data collection. Among the six professionals from the ST, five professionals participated in this research because one professional was on leave due to pandemic restrictions imposed by the Coronavirus Disease (COVID-19).

The setting and data collection took place, sequentially, in the months of June and July 2021. The setting had as objective to bring the researcher closer to the participants, in order to build a favorable setting, mainly of bonds for conducting the search. During this period, it was possible to monitor the activities carried out by the team and reinforce the objectives of the research project. The setting is a way for the researcher to become known and familiarized with the participants[8].

Data collection took place through phenomenological interviews, which provide an opportunity to understand the way in which people express their lived experiences in an objective context of meanings in the search for the essence of the phenomenon through the lived experience by health professionals from the ST. In this sense, the interview did not consist in the researcher's view, but in the perceptive and lived world of the person interviewed[9].

Thus, the main author, a master and doctoral student at the time, who was in the sandwich doctorate period in Portugal, conducted the interviews. The researcher has experience in phenomenological studies, specifically in conducting phenomenological interviews with street teams and people in street situation.

The interviews followed a preset script with the characterization of the study participants combined with the following guiding question "Tell me how it is for you to take care of the population served by the ST?" The interviews were previously scheduled, by an invitation to the ST during the approximation period. These were performed individually in a reserved room at the ST's headquarters in Portugal, being recorded using a digital recorder, with an average duration of 40 minutes.

After data collection, the statements were fully transcribed and validated with the interviewees, ensuring the truth of the data. For the information analysis, paths developed by researchers of phenomenological sociology[10] were used, where readings and re-readings of the speeches were performed in text form in order to distinguish in the statements the experiences and challenges of ST professionals in caring for people. Therefore, excerpts were identified through chromatic coding and speeches selected about the purpose of the study. After data selection, the meaning units were identified, which were grouped according to their similarity, allowing the construction of concrete categories of experience: conflicts experienced by the ST; Frustration in the daily care provided by the ST; and, Limits in the social relationship with the vulnerable population.

The interpretation of the results was analyzed through the theoretical conceptions of Alfred Schutz's phenomenological sociology and related literature. At all phases of the elaboration of this study, ethical principles were followed, as Resolution No.466, of December 12, 2012, of the National Health Council and Resolution No. 510 of April 07, 2016, of the National Health Council/Ministry of Health (CNS/MS) aimed at research with human beings.

Participants signed the Informed Consent Form. The project was accepted by the Research Ethics Committee of the Health Sciences Research Unit of the *Escola Superior de Enfermagem* under opinion number 775/04-2021 on May 12, 2021. For the construction of this manuscript, the items identified in the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide were followed.

RESULTS

Biographical situation

From the participants, two are trained in social work, one in nursing, one has a degree in socio-educational animation, and one has a degree in Educational Sciences. The interviewees' training time ranges from four to 21 years, with time working in the ST, between two and 11 years. Four participants were women and one man, aged between 31 and 45 years.

Conflicts experienced by the street team

ST professionals bring challenges in the process of caring for the people by visualizing difficult moments in the social relationship between them. These moments are perceived through characteristics of the social group of the people served, which demonstrate the way in which they face daily situations. The team mentions the emotional instabilities arising from the social environment they live, which generate conflicts that sometimes reflect on the relationship with the ST. Daily conflicts are related to incapacities of the population to accept the rules of the service, due to the immediacy in solving their demands and for being manipulative and threatening with the professionals:

> [...] *the fact that we have rules here this always has to be worked out because they are always trying, to not have patience and sometimes that is enough to generate conflict* [...]. *For them, disputing a conflict with one euro is enough to stab, beat, beat, between them they have a very conflicting relationship, regarding the issues of trafficking and consumption, environments and strange ways, their deals, they do not have the capacity to digest all this in their lives and they reflect on us* [...]. *They are very perceptive, where to go, where to get their things, they are users very manipulative, very seductive, very schematic* [...]. *They are very disingenuous, they want what they want whenever they want and they want you to participate, they don't understand that you as a professional have this line that separates me from being your friend. Here it is very difficult, they try to overcome it a lot because it is a very informal job, very close to very intimate life situations (P2).*

[...] *users, sometimes from the street, think they can win people out of fear, just come and say I want this, but I do it and it happens and I'm not afraid, you know, they pull a lot for these types of gallons [conversations] you know why I'm bad, I'm a gypsy* [...] *(P3).*

Professionals mention important challenges regarding the need for ST professionals to be able to involve the population served to change behavior, which requires an approximation and acceptance of the professional by the people monitored. Also, they report that it is essential for the ST to have skills to mediate daily conflicts that may arise due to the instabilities of the people cared for in the service, either because they are under the effect of the use of psychoactive substances or related to their anguish resulting from low tolerance for frustration or the oscillations that occur in their life in a very intense way:

[...] *it is a very difficult population to work with, very difficult to shape, very difficult to re-educate, in the sense of changing behavior, we have to capture their attention very well to get them to accept us in their lives, if not so, it becomes a little more complicated (P1).*

[...] *sometimes there are moments when things can get complicated in terms of conflicts, anything that can arise, people having an altered mental state in a certain way can be complex and you have to be prepared* [...]. *Sometimes we have our discussions, part of everyday life, they get very angry, they will take it out on you, as you are the reference for anything that goes wrong in their day, they will take out the frustrations that occur on you with them* [...] *(P4).*

[...] *they are people who have little tolerance for frustration, anything you say is enough to cause damage* [...]. *Knowing how to manage these situations is sometimes not easy, it also has to do with these issues of the ups and downs of these users who are very fluctuating in their things they want and don't want, in the retreats and advances that you have to deal with all the time in your professional practice (P5).*

The ST's testimonies reveal challenges in the daily care of the people served, in which the difficulties in the social relationship are mainly related to the life experiences of these people in the street space and the way in which they usually use these behaviors as a way of protection. The challenges are perceived due to the ease of triggering conflicts, the manipulative ways of solving their demands and the low tolerance of day-to-day issues. Combined to this, the constant challenge of professionals in the mediation of internal and external conflicts perceived in the people assisted in the ST.

Frustration in the daily care provided by the street team

One of the challenges of the ST in caring for the people assisted is related to the frustrations caused by people's denials. Professionals mention the difficulty of dealing with people's choices related to drug search, driven by intense desire after a period of stability. In this sense, abstinence is perceived by the ST as an important resource and the relapse as something difficult to work with:

Resistance to frustration is the main one and the one that costs the most, we had cases of users who go to the therapeutic community and are there for six months, one year and it is a frustration when after a few days they arrive we see that they are already consuming, this is the most negative and the heaviest in this work, we deal with this frustration (P1).

[...] *know how to deal with frustration because we know that many times we work with individuals for a long time and the individual manages to compose himself, he/she manages to make his personal achievements and that in a few minutes [when using drugs] the achievements that took so long have to get it they can lose everything in a week so it's important to know how to deal with frustration (P3).*

ST professionals place themselves as the main support and social aid to the demands of the people monitored by the service, work with the perspective of offering all the available resources of the network. However, they perceive that there is resistance by the people assisted in adherence to care, generating frustration in the relationship with the team.

[...]*we managed to refer a user, he is doing everything right, but soon a colleague want to consume and he forgets everything he had to do and what he has scheduled to do and will lose it on the way* [...] *(P1).*

[...] *as much as you have the tools for them to use, you realize several times in your daily life that you always have to be at the base to lift them up because if not, you won't, if you have a medical consultation you'll have to look for him everywhere to see if he doesn't fail* [...]. *You have to grab it and get inside the van [car] and sit there because if he is not there, the time passes and they don't have the patience to be there (P2).*

The difficult thing is for them to show up to go to consultations or to go for treatment to go to the hospital or a health center, it is difficult for them to have this commitment with us. Now our commitment to them from the health structures is always impeccable, never because a user has missed the 5 consultations in a row, it was never said we can't make schedule from today, the services are impeccable and always make it easier, they often don't make ours easier, because don't they show up (P5).

The ST reveals expectations related to the care offered to people. However, they mention the constant presence of frustrations related to treatment. In this sense, ST professionals choose not to create expectations in the social relationship built with the people they care for:

I always expect an improvement in lifestyle behavior, but none of this is ever within our power, it always depends on them, on their motivation I try not to create expectations, because later the frustration can be greater [...]. *It's one day at a time, doing everything possible to try for the user, always trying to think that we're going to achieve our goal, but without expectations (P1).*

I hope they change into behaviors that take advantage of our help to touch their lives because most of them are living on the street and are toxic addicts. I feel a little frustrated when that doesn't happen, because I've just realized that it's a vicious cycle, it seems what we do to help is worthless. They don't try to change their life options to get better, sometimes they even succeed, but they relapse again, there are many cases that are not successful who have already had treatment and are going to drugs again (P5).

It is noticed that the ST challenge is to manage the feelings of frustration related to people's behavior. These are related to the incapacity to remain abstinent and the resistance to commit to agreements with health services. However, there are expectations in the construction of care, even in the face of frustrations experienced by professionals in caring for people.

Limits in the social relationship with the vulnerable population

When caring, the ST brings in the statements the daily challenges in the construction of necessary distances in the social relationship. The professional realizes the importance of separating professional and personal relationships, in the sense of imposing limits on the people assisted regarding their personal life and also in the way of caring. The limits related to care are reported to promote a relation of reciprocity of perspectives through the common goals between them:

[...] *we have to create a barrier between the user so that he cannot go beyond limits in the professional relationship, as if he were a friend, you can have a good relationship with him, so there has to be a degree of distancing, the person cannot know everything about me* [...] *it has nothing to do with a hierarchy. There are limits that must be placed on the service, the user cannot know about me, my life, about what I do, or where I live, nor about my children, my neighbors, my family network (P2).*

[...] *I established limits with them, they also know that this relationship has a purpose, and my purpose is to help them but so that I can help them they also have to help me and help me to meet what I look for in them* [...]. *Being assertive, saying what really matters in that situation, because that is the way people grow up, I matured over the years and these limits that I established are also the result of my experience with these people (P4).*

The professional brings limitations in his/her action with the population, who realize how far he/she can advance in the helping relationship without being invasive in the life of the other. The built relationship must avoid moral judgment in the face of people's choices. The idea of the ST is to take care within a logic that addresses issues related to education and the time of each person in understanding their actions.

There are limits and barriers, the professional helps within the limits that the person allows and wants for his/her life, any professional who works here can only do what the person allows for his/her life [...]. *I don't rule the person's life, I give them several conjectures that the person has and instruments that they can adopt for themselves to help doing changes in their life now (P3).*

[...] *health education in the sense of changing the behavior, whether in consumption, in sharing material, but also in the information that we transmit to them, is not to give in their heads, because we are nobody to give in their heads, but rather give them what they need. We are here to always give advice in an educational way so that they have a more dignified life than the one they often have (P1).*

We as ST professionals cannot judge within what they are going to do, within consumption [...] *(P3).*

> [...] *you must have tolerance, you cannot make judgments of values and that is the difficulty of working with these people* [...] *Each person has their time, so it depends on a lot of things depends on the unforeseen* [...]. *Each person has their goal, they have their objectives, we have to understand the person above all, but we cannot make demands, nor judgments, what matters is to trace paths with that person for them to change their situation, motivate themselves and be able to have some gain, that is our objective (P4).*

In the statements, ST professionals identify challenges related to the construction of limits for care. Despite the difficulties, these limitations are seen as essential in the social relationship with the vulnerable population, regarding the removal of personal issues and the benefits of care.

DISCUSSION

The experiences of the world of life do not take place individually, but permeated by social relations, expressed by intersubjectivity. Typification arises from lived experiences, arising from actions, motivations and behavior patterns that are built by the stock knowledge or experience, characteristic of a group, about the world. The typical lived or the typical of the action defines whether the person belongs to a social group by having common characteristics[11].

People who experience an episode of "street life" tend to have specific coping behaviors related to the need for self-preservation, which remain internalized and assist people in street situation to survive and manage day-to-day stress factors. These behaviors can lead these people to resort to personal strategies in environments that are hostile, threatening and uncertain, such as the street and/or shelter. These people tend to show avoidance characteristics such as hyper surveillance and social distancing, as well as coping strategies guided towards hiding their vulnerabilities, demonstrating strength as survival behaviors[12].

Stigma and prejudice generate coping behaviors within the life experiences of people in street situation, since they live these destabilizing and threatening experiences very intensely. These barriers contribute to the difficulties of relating and also of trusting professionals[13].

The ST professionals in this study experience a behavior pattern in the daily lives of the people they monitor, expressed by the lack of patience resulting from the immediacy of their demands, low tolerance for frustration and instability in emotions. These common characteristics are related to the experiences brought in the world of life, in this context, their action is motivated by past events, which reflect on their way of acting today with the ST.

Teamwork with people in street situation can be characterized as a challenge linked to social relationships, as it is associated with caring for people who have several complex demands and needs that are difficult to resolve, which require availability, time, patience and empathy[14]. Due to the challenging complexity of caring for the vulnerable population, emotional support is required for professionals and support guided by external professionals in team training activities[15].

From the experiences of conflict between the ST and the people served, it was possible to perceive the challenges posed in the team's daily life, being fundamental the need for professionals to develop mediation skills and coping strategies upon the unpredictable and challenging situations. Because the population places ST professionals as a reference to support their fluctuations in life, desires, revolts, difficulties, anxieties and daily frustrations. These typical characteristics of the population are brought by the team as challenges in the social relationship and require from professionals proximity and acceptance towards people, especially people who live or have lived on the street.

When approaching a new social group, the person is seen as a foreign that will begin to interpret this new social environment through his usual thinking that he has brought from his own group. As a newcomer, he/she is willing to take part in the present and future of these people through the interest in building bonds in a lived and immediate experience[7].

The ST approaches with the objective of building bonds, to promote care actions with vulnerable populations, expressed by the desire, despite difficult, to re-educate and involve the population served for change. This difficulty may be associated with the difference between the social groups composed by the ST and the population monitored.

Members of the same group share a common social heritage, which is transmitted by their ancestors, professors and authorities as something unquestionable that allows them to interact with their peers within an existential group in a common system of relevance that leads to homogeneous self-typification[11]. When the ST professional joins a new group, called voluntary groups, that is, the group of the population being monitored, he/she does not share a social heritage, this system is not experienced by the professional as something ready and finished, so the difficulty to involve the other in the care that is intended by the ST professional within the internal manners of their social group, a fact that generates frustrations.

The frustration of the mental health professional is related to the charge for the health service, public policies, society

and themselves in achieving good results from their actions[16]. One of the biggest challenges of the ST is the frustration upon people's behavior related to failure in agreements with the team characterized by the omission of commitments that are part of an already planned monitoring or, even, relapses to drug use at some point in their lives, after a period of abstinence.

In view of this, to minimize the levels of frustration, professionals seek not to build high expectations in this social relationship. However, they feel responsible for the care and seek to build goals and alternatives to solve the issues that involve the population served in the conduct of an ideal therapeutic plan within the interests of people.

Harm reduction proves to be essential in this process as a care tool that involves listening, planning, autonomy, embracement, participation and user accountability for their attitudes and choices in life and in treatment consistent with their interests[17]. Relevance zones are the interest at hand that motivates all thinking, designing and acting in solving problems through thinking and building actions in order to achieve goals. The interest at hand is not configured as something isolated, it is neither constant nor homogeneous, it can assume different importance throughout everyday life, mixed with different interests, susceptible to changes[7].

People monitored by ST have their own interests at hand established regarding expectations of changes in everyday life. However, these interests assume different importance, where at certain times they are highlighted, at others, they are left in the background because they become less significant.

There are great challenges faced by the team that monitors vulnerable populations in keeping people engaged and motivated within their personal interests[15]. In social observation, the observer seeks to interpret the motivations related to the "reasons in order to" and the reasons why" of the other when remembering similar actions that occurred to justify the current action[7].

In this sense, the ST professional seeks to know the reciprocity of perspectives of the people monitored for the construction of care, where they limit their acting, that is, the intentionality of their care, in the face of the reciprocity of an action, which may or may not be fulfilled. Social agents in the world of contemporaries are reciprocally oriented, and when directly experience their neighbor, they find themselves in a pure we-relationship[10]. "The agent, in the social relationship in the world of contemporaries, expects a mere being-reciprocally-referred in the mutual act"[7] however, this expectation is unilateral and will be perceived by the agent later, whether or not it will be fulfilled[10].

A research conducted in Porto Alegre, Brazil, analyzes the intentions of the actions of professionals from a team of street clinics with the expectations of people in street situation and it is possible to perceive that there is reciprocity of perspectives in the social relationship. This understanding is essential for the construction of meaningful care, where professionals from the street clinics and the people served have similar perspectives, which enhances and directs the construction of care[18].

The population in street situation has a documented history of unmet health and social needs[19] that require attention from professionals with a non-judgmental approach and who use empathy and justice in their relation with this population[20]. The presence of street clinics team in the territories is shown as a tool organized in intersectoral policies that aim to impact on more human conditions of this vulnerable population.

This study provides information about the experiences of ST professionals in Portugal facing the daily challenges in the care for the vulnerable population. Despite being able to interview only five of the six professionals from the ST, the team sought, through the phenomenological interview, to immerse themselves in their daily experiences and bring, through the social encounter with the researcher, the understanding of the challenges experienced in social relationships with the population served. Thus, the contributions of this study at the level of teaching and research are highlighted by conducting a deepening of the theme from the point of view of the ST professionals. Moreover, the contribution in the management and assistance for the services and professionals that serve these populations by proposing reflections and sharing of experiences on this subject. For nursing, it is also highlighted the importance of the study since this professional category has a fundamental role in street teams.

Although the findings are congruent with previous studies and likely relevant to multiple scenarios, they are limited to a ST that is restricted to particular contexts and specific to a single social environment. It is important to point out that all the interviews refer to experiences and feelings arising from a certain moment, in which the answers may have been influenced by specific situations of the day of each interviewee. Additional research is needed to address the challenges of other street teams in different contexts. Moving forward with other research, in this objective, implies unveiling the feelings of professionals in the face of the complexity of care for vulnerable populations in order to contribute to the team and in the care for these people.

FINAL CONSIDERATIONS

This study allowed us to unveil the experiences and challenges of the ST in Portugal in caring for vulnerable populations and to understand them through Alfred Schutz's sociological phenomenology.

The behavior pattern of the population served, arising from experiences in the social world, mainly related to experience on the streets, reflects in the ST as an important challenge and requires skills for mediation of conflicts and understanding the influences of relationships in social action. The feeling of frustration and the relationships of limits challenge the ST in the sense of trying to promote improvements in the care for vulnerable populations.

The study contributes to the comprehensive perception of the experiences and challenges faced, as well as to the action of the street teams towards the population served. An in-depth understanding of these aspects is essential for raising awareness and propositions of care policies for these population groups that are often invisible in society. Nursing as the core that composes the ST needs to build a teaching aimed at caring for vulnerable populations in the development of skills to work in ST. Therefore, given the daily challenges and the complexity of care that this scenario imposes, it is essential to give visibility to the work of nurses within the ST during the training process of the undergraduate nursing course.

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