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Welcoming as an emancipatory care technology in Psychosocial Care Centers

Acolhimento como tecnologia do cuidado emancipatório em Centros de Atenção Psicossocial

Acogida como tecnología de la asistencia emancipatoria en los Centros de Atención Psicosocial

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ABSTRACT

Objective: to analyze the components that characterize the emancipatory potential of welcoming at Psychosocial Care Centers, highlighted as citizenship, critical awareness, freedom and autonomy. **Method**: Convergent Care Research was performed with data from interviews using a semi-structured script and research-service integration groups with four nurses, a psychologist and three social workers, held from November 2018 to July 2019. The analysis comprised four processes as per Convergent Care Research. **Results**: in the light of Nietzsche's theoretical construct in his classification of technologies, welcoming has full emancipatory potential in that it displays emancipatory components relating to freedom, citizenship, autonomy and critical awareness and thus favors the emancipation process, for both professionals and users. **Conclusion**: as a technology with full emancipatory potential, welcoming enables nurses to grasp the concept of emancipatory technology and to reflect on the knowledge and practices intrinsic to it.

Descriptors: Mental Health; Mental Health Services; Psychiatric Nursing; Nursing Care; User Embracement.

RESUMO

Objetivo: analisar os componentes que caracterizam o potencial emancipatório do acolhimento realizado em Centros de Atenção Psicossocial, destacados por cidadania, consciência crítica, liberdade e autonomia. **Método**: Pesquisa Convergente Assistencial, cujos dados foram provenientes de entrevistas com roteiro semiestruturado e grupos de integração pesquisa-serviço com quatro enfermeiros, uma psicóloga e três assistentes sociais, no período de novembro de 2018 a julho de 2019. A análise compreendeu quatro processos conforme atribuídos pela Pesquisa Convergente Assistencial. **Resultados**: à luz do constructo teórico de Nietsche em sua classificação tecnológica, o acolhimento apresenta potencial emancipatório pleno ao revelar componentes emancipatórios relacionados à liberdade, cidadania, autonomia e consciência crítica, favorecendo o processo de emancipação, tanto de profissionais quanto de usuários. **Conclusão**: acolhimento como tecnologia de potencial emancipatório pleno possibilita aos enfermeiros a apreensão do conceito de tecnologia emancipatória e de reflexão dos saberes e práticas que a esta são intrínsecos.

Descritores: Saúde Mental; Serviços de Saúde Mental; Enfermagem Psiquiátrica; Cuidados de Enfermagem; Acolhimento.

RESUMEN

Objetivo: analizar los componentes que caracterizan el potencial emancipatorio de la acogida que se realiza en los Centros de Atención Psicosocial, destacando la ciudadanía, la conciencia crítica, la libertad y la autonomía. **Método**: Investigación Convergente Asistencial, cuyos datos provienen de entrevistas con guión semiestructurado y grupos de integración investigación-servicio con cuatro enfermeros, una psicóloga y tres asistentes sociales, de noviembre de 2018 a julio de 2019. El análisis comprendió cuatro procesos según lo asignado por la Investigación Convergente Asistencial. **Resultados**: a la luz del constructo teórico de Nietsche en su clasificación tecnológica, la acogida presenta potencial emancipatorio pleno al revelar componentes emancipatorios relacionados con la libertad, la ciudadanía, la autonomía y la conciencia crítica, favoreciendo el proceso de emancipación, tanto para los profesionales como para los usuarios. **Conclusión**: la acogida como tecnología con potencial emancipatorio pleno les permite a los enfermeros captar el concepto de tecnología emancipatoria y reflexionar sobre los saberes y prácticas que le son intrínsecos.

Descriptores: Salud Mental; Servicios de Salud Mental; Enfermería Psiquiátrica; Atención de Enfermería; Acogimiento.

INTRODUCTION

User embracement is a phenomenon that cuts across several areas and disciplines. Its concept and forms of operationalization may have different understandings. Studies in Portugal and Germany show that it is considered in the first contact between people and their family members with health services[1,2]. In Brazil, it is focused on relational care, comprehensive practices and overcoming the fragmentation of care provided by professionals[3,4].

In mental health, user embracement is a space for expressing heterogeneous conceptions and values, and allows accessing how moral constructions operate in perceptions of users' suffering and of care practices that may promote emancipation[5].

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User embracement is commonly the first care offered in Psychosocial Care Centers (Portuguese acronym: CAPS) and works as an intercessory space that produces a relationship of listening and accountability promoted by relational technologies. However, given the repeal of ordinances constituting the National Policy on Mental Health, with emphasis on the reduction of funding for extra-hospital devices and resumption of psychiatric beds as a treatment option, the "Ministry of Health has been issuing regulations that contravene recommendations of Law number 10,216/2001, which has user embracement as its most powerful care tool"[6].

User embracement is one of the care technologies adopted by the nurse, one of the professionals who is in frequent contact with users[7-8] both in their first moment in Psychosocial Care Centers and in the continuity of the therapeutic itinerary. When alluding to Nietsche's technological nomenclature, technology includes techniques, procedures and knowledge used by nurses[9]. In this proposal, it is possible to understand that the intrinsic interdisciplinary care in user embracement produces bonding and listening aimed at the needs of those undergoing treatment, enabling the construction of an individualized therapeutic project that starts to stimulate autonomy in the health production process[3,9,10].

The author Elisabeta Nietsche, on technological knowledge in her theoretical construct studied in Brazil in 1999, states that "technology serves to generate knowledge to be socialized, dominate processes and products, and transform the empirical use in order to make it scientific"[9].

For the same author, emancipatory nursing care technology, in its conceptual, ethical, technical, social, political and philosophical fields, has the following connotation:

[...] the apprehension and application of a set of knowledge and assumptions that, when technically and ethically coordinated, enable individuals to think, reflect, act, making them subjects of their own existential process in a perspective of exercising critical conscience and citizenship[9].

In this sense, emancipation within a procedural and ethical perspective is characteristic of human beings with a critical conscience, who experience their citizenship based on freedom and autonomy[9].

Nowadays, it is known that through their actions, nurses are professionals with sufficient skill to develop interdisciplinary user embracement and become active participants in the psychosocial rehabilitation process and in users' protagonist role[11-14].

This study started from the hypothesis that user embracement entails the use of innovative technology with an emancipatory potential aimed at the essentiality of psychosocial care in detriment to the already rejected asylum model since the Brazilian Psychiatric Reform.

That said, the intention is to analyze the components characterizing the emancipatory potential of user embracement offered by nurses in Psychosocial Care Centers, individually or in teams, highlighted by citizenship, critical conscience, freedom and autonomy.

METHOD

This article comes from a doctoral thesis developed using the Convergent Care Research (CCR) method and a qualitative approach. Convergent Care Research approaches the epistemological posture of the paradigm of complexity, social constructivism and the understanding of the subject as a being of actions and interactions in the incomplete and unfinished knowledge that comes from it[15,16].

Three Psychosocial Care Centers - type II for adults located in a large city in the state of Rondônia were used as research scenarios. In the election of participants, the inclusion criterion comprised all workers with experience of more than 12 months in the service. Exclusion criteria were classified as professionals on vacation, transfer, retirement or on medical leave. Out of a total of nine workers, four nurses participated, who were approached beforehand and in person in each Psychosocial Care Center. That was a timely occasion to inform them about the type of research to be conducted, its objectives and steps.

Professionals such as the psychologist and the three social workers were added to inclusion criteria only after step number five of the CCR, when user embracement was elected as an emancipatory technology by the team, and because they also belong to the team of nurses that promotes user embracement.

As in CCR methodology, the researcher is also responsible for meeting the demands of care practice, data emerged from the reality experienced in the period between November 2018 and July 2019 during nine sequential moments: 1) inclusion of participants in the study; 2) approximation with the theoretical framework; 3) discussion about real nursing care in the Psychosocial Care Center; 4) reflective dialogue about the limits and possibilities of emancipatory care technologies; 5) election of a technology with greater emancipatory potential by participants; 6) definition of strategies

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for the emancipation of users; 7) presentation of reports arising from the use of emancipatory technology, in addition to steps eight and nine related to the presentation of partial and final reports of the research.

The production of data for this study occurred in steps number one to six, which comprised a total of 20 individual meetings and six discussion groups; groups were developed in steps number four, five and six together with the participant observation technique.

Interviews were performed only with nurses through a semi-structured script supported by guiding questions about how nursing care is developed in the Psychosocial Care Center; understanding what emancipatory care represents; contributions of nursing and which technologies enhance psychosocial rehabilitation, in addition to the implications and potential of the developed technologies.

The group moments and interviews (lasting an average of 50 minutes) were recorded on MP3 and reports were transcribed in full. Some dynamics and strategies were used during group moments in order to apprehend from all study participants what validated the technologies as emancipatory and their contributions to psychosocial rehabilitation; elect one among all as the one with greater emancipatory potential, and with which strategies such a technology would reach professionals and users in order to be classified as having greater emancipatory potential.

Four processes - apprehension, synthesis, theorization and transfer – were understood during data analysis. In apprehension, through the immersible principle of CCR in the current care process, data emerging from it were obtained and organized in notes of interviews and groups; encoded in smaller units; similar phrases were tracked and grouped by similarity and consequently, by categories.

Among the technologies that emerged in the synthesis process, those with emancipatory characteristics and potential to promote nursing care could be identified. Consequently, the technology with greater power to emancipate users for the best course of their therapeutic itinerary was identified. This could be understood during a research-service integration group in which user embracement emerged as a technology.

In theorization, the technological path of psychiatric nursing care was analyzed. Especially in this study in Psychosocial Care Centers, this demonstrated the critical conscience of these professionals when seeking autonomy and freedom in this care and above all, they exercised citizenship to build their care, which reflected in the results of technologies developed individually and in teams.

Transfer consisted of the possibility of data contextualization for the identification and classification of nursing care technologies in Psychosocial Care Centers, meeting the objectives of the study and the technological proposition that emerged from user embracement for the promotion of better nursing care and mental health care, valuing subjectivity.

Nurses were classified as N1, N2, N3 and N4 in order to support the organization of data presentation. For the registration of discussion groups, G4, G5 and G6 stood out.

Ethical aspects were fully met and the consent of the participants was obtained in writing through an informed consent form.

RESULTS

Through the speeches that emerged from interviews and groups on user embracement in Psychosocial Care Centers, and the limits and possibilities of the emancipatory care technology selected among the technologies that the professionals developed, it was possible to build two thematic categories: User embracement as a technology of nursing care and Emancipatory components constituting user embracement.

Nursing care technologies in Psychosocial Care Centers

In the Psychosocial Care Centers investigated, nursing care was provided by means of care technologies such as nursing consultations, coordination of therapeutic groups and groups of the waiting room; home visits and user embracement. Consultations and user embracement were the most frequent in the Psychosocial Care Centers investigated. User embracement was promoted by nurses individually or as a team, in an interdisciplinary way.

User embracement presented its complexity when, in one of the speeches, it was considered together with the nursing consultation as an opportunity to identify needs that could be considered serious at times:

> *From the nursing consultation or user embracement itself, we can identify some of the patient's needs, some more serious needs. (N1)*

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In another context, a relationship of user embracement with care for the family member was identified, with adherence to treatment and use of medication. Links were established due to the possibility of returning to the service and continuity of users' treatment, as well as bonding when this technology is well operationalized, as show in statements:

> *User embracement is more focused on the issue of family bonding itself, for adherence to treatment and the aspect of medication and its effects; and what will patients do from the moment they get better. (N3)*
>
> *[...] Depending on how is the user embracement you receive, you won't come back again, you see, so this is for life. When experiencing user embracement; one feels heard, cared for and wants to come back. (N4)*

The emphasis given to the way of operating care through user embracement was perceptible, highlighting what is implicit and the established communication process:

> *And how would this care be: oh, at the very least, we should be polite, because sometimes, there is no doctor or there is no consultation and depending on the way you talk, you hurt people; so, it depends on your attitude, on how you put that information and you break out people's revolt by the way you put it. So, I believe we must be polite at all times, justify, explain why not; why yes; I think this is paramount. And every "no" said must be said in a certain way. (N4)*

Emancipatory components constituting user embracement

With regard to emancipatory components of technology and their classification, user embracement was considered a technology that promotes the four components of emancipation, namely citizenship, freedom, critical conscience and autonomy:

> *User embracement comprises the four emancipatory elements and full potential, because it is an exchange, a conversation and listening. (N4)*
>
> *Among the emancipatory care technologies, I consider user embracement, consultation and technical meetings as one of the important activities that we manage to receive, and perceive information from other areas too [...]. (N1)*

From the moment that nurses identify users' needs, as in one of the speeches, in addition to bonding with the user, this bond also extends to the family, which expands the scope of care promoted by user embracement:

> *Emancipatory care of the nurse's consultation and from other technologies such as user embracement contains a bit of all the emancipatory elements; the nursing professional captures the affected need through the human needs in order to work with what is necessary, and at that time, also creates a bond with the patient's family, even though the application of care technology will depend on this need; sometimes it is not freedom, but autonomy what the patient needs. (N3)*

The emphasis on the empathic process contributes to expand the power of user embracement, also considering the establishment of therapeutic communication that is intrinsic to user embracement:

> *I believe what most helps us most with making these observations, these interactions that make the user have this emancipation, is when you put yourself in the other's shoes. (G5)*

The Singular Therapeutic Project (STP) was revealed as an enhancer of the therapeutic relationship established by user embracement, thereby contributing to the better construction and agreement of care between users, family members and professionals:

> *The STP also serves as an indicator to assess the user embracement process, because in the therapeutic plan, you can make this assessment with the team and the patient and also with the family. (G6)*

In the perspective of expanding the concept of user embracement and the reach of its results for users and professionals, focused on the classification of its full emancipatory potential, user embracement was considered as a reciprocal technology for professionals and users:

> *User embracement as an identifier of subjectivities serves both: professionals and users. Both the professional begins to notice things and the user is also led to reflect. (G5)*

DISCUSSION

The theoretical construct that deals with nursing care technologies, in relation to emancipation as something that can be the desiring object of those operating emancipatory technologies, states that these are constituted by components such as citizenship, autonomy, freedom and critical conscience. Its potential can be characterized as full, medium and minimum; restricted to the professional or to the clientele, or even non-existent.

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During the development of CCR throughout the thesis, the inclusion of nurses in Psychosocial Care Centers was recognized, which allowed them to build interdisciplinary mental health care, supporting the process of emancipation and rehabilitation that transcends clinical conditions and enters the psychosocial field[17,18].

As an interdisciplinary technology operated by different professionals, user embracement supports the existence of psychosocial care, valuing the production of subjectivities, good practices and sustaining the user's social reintegration into everyday life[19].

Nurses promote user embracement in Psychosocial Care Centers, but this is not exclusive to their professional role. However, as they maintain more contact and trust with users, they achieve more openness in the creation of bonds and trust[8,20]. This fact was also observed in the Psychosocial Care Centers investigated, reaffirmed by the research-service integration groups and evidenced in other studies[12-14].

The interviews and groups revealed that user embracement is a space for listening and identifying needs when assuming the urgency of adherence to treatment. Therefore, this is an essential tool for the insertion and permanence of individuals in health services[21].

From this perspective, the results pointed to the notoriety of a qualified communication process during user embracement, which requires listening to nonsensical and conflicting things[19] that permeate a flow of different affections. This is an achievement in the arduous task of building the "common" in health services and meetings[22], which sustains the full emancipatory potential[8] in user embracement by reaching professionals and users in a horizontal manner.

In addition to user embracement, communication permeates attitude, understanding, willingness, help and listening.[23] In user embracement promoted in the investigated Psychosocial Care Centers, communication and listening are valued and support the possibility of accepting the subjectivities of mental health users in order to build their protagonist role when overcoming difficulties and particularly, in the search for autonomy[24].

This possibility in favor of rehabilitation and autonomy is entangled in the subtlety of life and creates the conditions for the greater exercise of choices by subjects, which will allow the expansion of conditions of autonomy[25].

Note that the professional-user relationship is bilateral, therefore, user embracement was understood by research participants as a reciprocal technology. The person promoting user embracement, while offering something, also expects something in return, and this process is also reciprocated by the person receiving user embracement. Elements of reciprocity such as affection, an embracement attitude, respect and care encourage this relationship[26].

Therefore, attributes such as self-knowledge, ability to discern between one's own emotions and those of others, lack of prior judgment, receptive and attentive listening and consideration of other people's perceptions regarding our characteristics stand out. Care permeated by empathic attitudes is more effective and the discomfort caused by the suffering of others can cause empathy. Acting to alleviate such suffering is a source of personal and professional satisfaction[27-29].

Especially in mental health, the need to consider the user's support network in therapeutic strategies is noteworthy. This assertion is strengthened by the relationship between user embracement and the care for the family member present in the speeches. Care practices must be designed and implemented to move away from the blaming-individualization binomial, and expand the involvement of family members as those who demand and central figures of care for actions of empowerment and social control[30].

Technologies that evoke subjectivity in relationships, such as user embracement, must be constructed bilaterally between professional and user, thereby ensuring dimensions of horizontal scope. When well established, these technologies reach these two subjects, which gives user embracement a full emancipatory potential, contributing to the emancipation of the professional-user binomial, as revealed by data when dealing with emancipatory aspects and their bidimensional effects, given the impossibility of promoting user embracement without receiving user embracement[22].

The emancipation process proposed by user embracement as a technology with full potential is to encourage the emancipation of others in a logic of reciprocity[9]. In turn, this process is not static, especially when it permeates the movement of critical conscience involving professionals and users in the construction of what is common to this binomial as cause and effect of the feeling of trust in a network of conversations[22] expressed in the objectivity reflected by this conscience through action-reflection-action in action, and when assuming that user embracement involves the four emancipatory components in the user and professional aspect: citizenship, autonomy, freedom and critical conscience.

According to the action-reflection-action proposed by Nietsche[9] in her theoretical construct of emancipatory technology, the great aspect of user embracement can be its connection with the power of the STP and its co-construction with reflections for the comprehensiveness and longitudinality of care, as data also revealed[22].

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Achieving emancipation in care, especially when the central character of this acquisition are people in psychological distress in the relationship with care in Psychosocial Care Centers, is not a subjective element and can rather represent something concrete. However, professionals need to believe in this possibility. The technologies permeating psychiatric nursing care in Psychosocial Care Centers must provoke and maintain therapeutic relationships under the light of psychosocial modes of functioning in health, illness and subjectivity, which is close to what can be promoted by user embracement to individuals in their relationship with professionals[31].

The relationship between user embracement, citizenship and emancipation is reflected in the achievement of rights and in the ethics of equity[8] between users and professionals who overcame the asylum mode to a care model consolidated in the quadrilateral that enhances meetings: listening, bonding, accountability and resoluteness, dominating the quality of care[6].

The concreteness of this quadrilateral that enhances meetings and the emancipation process itself is the implicit exercise of the emancipatory component of freedom as something that is not abstract, but manifested in the concreteness of relationships[9]. In turn, by sharing decisions, professionals and users develop autonomy as something they want to achieve in a procedural and ethical perspective with critical conscience through an emancipatory technology for greater participation of citizens in their lives and in collective decisions[9].

Limitations of the study

The fact that the object of this study was the participation of nurses, social workers and psychologists in Psychosocial Care Centers scenarios without the participation of users may imply limitations. Further investigations on user embracement promoted in these services are needed.

CONCLUSION

The user embracement process found in the Psychosocial Care Centers investigated brought a perspective of meeting and possibilities of construction that values subjectivities through nursing care. A care operated in the search for reciprocity was observed, and its expansion to the professional-user binomial has possibilities of horizontal reach, comprehensiveness and longitudinality.

Nurses have stood out in the promotion of user embracement in Psychosocial Care Centers. This fact brings them closer to the process of bonding and accountability with this technology in potential, and once linked to the STP, the effects of initial care permeating user embracement extend to the possibility of psychosocial rehabilitation and emancipation foundations to the extent that professionals and users propose to establish goals and objectives, and evaluate them during the therapeutic itinerary.

In this context, CCR allows nurses to grasp the concept of emancipatory technology and reflect on the knowledge and practices to be improved for the provision of intrinsic care to user embracement in a disciplinary and interdisciplinary way, searching for the construction of users' psychosocial rehabilitation in the relationship with their therapeutic itinerary.

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