



CONVERGENT CARE RESEARCH: CONTRIBUTION TO MENTAL HEALTH NURSING



<https://doi.org/10.56238/levv15n40-014>

Rosa Gomes dos Santos Ferreira, Adriana Dias Silva, Gisele Fernandes Tarma Cordeiro, Tatiana Marques dos Santos, Lygia Paim, Maria Angélica de Almeida Peres.

ABSTRACT

Introduction: Convergent Care Research allows the direct participation of researchers in their area of expertise, promoting practical feedback based on their expertise. **Objective:** To reflect on the contribution of Convergent Care Research to the construction of theoretical-practical knowledge about mental health care. **Rationale:** Theoretical reflection on the contributions of Convergent Care Research, as a methodological framework, in research in the field of mental health care, in the devices of the Psychosocial Care Network. The focus is on the essentiality of the attributes of convergent care research and mental health care practice. **Conclusion:** The studies converge convergence in their actions, contemplating the method adopted, by simultaneity, by theoretical-practical articulation of knowledge, in the spaces of research production, culminating in new technologies of mental health care.

Keywords: Qualitative Research, Mental Health, Mental Health Services, Convergent Care Research.



INTRODUCTION

The concern with recording mental health care practices can be explained by the difficulty of nursing to definitively move away from the stigma that haunts it because it has been present in traditional psychiatry, since it is not ethically up to it to distance itself from the care of people under hospitalization. Nursing care is essential and, above all, face-to-face. As a result, nursing has suffered as much as people with mental disorders from the effects of institutionalization. At the global level, the process of reformulation of psychiatric care results in specific psychosocial care among specialties, but for nursing one thing does not change: its presence in all care environments.

In recent years, significant changes in mental health care have been witnessed in Brazil in the political, economic, social, and professional dimensions. And all the configurations of this new care have also required new questions and methodological challenges for research, especially to scientifically evidence the changes that have occurred in the ways of caring for the nursing team to guarantee the rights of people with mental disorders in society, especially participatory and inclusive care.

Different authors bring as an option to health care researchers, methodologies that allow them to observe the object without completely distancing themselves from care, as long as they systematically respect the theoretical-methodological aspects chosen for the investigation. In this sense, the Convergent Care Research (PCA) emerges as a methodological framework, especially in the field of Nursing, which allows immersion in care practice, from the perspective of the collective construction of possible innovations and solutions to issues of daily care with contributions to mental health (TRENTINI; PAIM, 2004).

Unlike other methods, PCA allows professionals, who are aware of the reality in which the research phenomenon occurs, to be present during the research and, at the same time, to establish relationships between research and practice in collaboration with all members of the service. The application of this method highlights the approximation of theoretical and practical aspects, as well as contemplates the need to carry out interventions and technological care constructions, based on attentive research on the problems of daily work. The PCA is born from the practice of health care and returns to it with theorized solutions of a technological nature of care (TRENTINI; PAIM; SILVA, 2017).

Unlike the action research method, the PCA requires more from the researcher than facilitating and conducting processes. It is necessary that he performs, with the attributes of those who know and experience the daily life explored, participative, propositional, reflective and performance functions, along with the creative process. It is a health

professional working in his care environment, in the midst of his expertise (TRENTINI; PAIM and SILVA, 2017).

In mental health, the demands that emerge from its context, from the perspective of the contractuality of interdisciplinary work, call for issues that need intermediation between theory and professional practice. The PCA proposes short and medium-term benefits for psychosocial care, given that it is an aspect of common interest to the social actors called for by the psychiatric reform.

In order for the PCA method to be rigorously applied, it is necessary to follow its criteria, based on continuous investigation, conducted by dialogical action among the members of the care team and guided by the juxtaposition of the processes of care practice. The essential attributes of PCA are called: immersibility, simultaneity, expandability and dialogicity. Immersibility portrays the researcher's "immersion" in actions related to research and care practice, related to the context of the study. Simultaneity symbolizes "dance", that is, the dynamics in mutual convergence of research actions and care practice actions. Expandability refers to a characteristic that enables the PCA to increase the researcher's initial objective, through the discovery of new knowledge for the idealization of new theories. Finally, dialogicity makes assistance and research conceivable, that is, the connections of the two instances around a given phenomenon, without altering the unity in each of them.

This type of research, by having a data analysis produced and looked at by the reflective study, demonstrates that there is a tangential in identifying and reflecting, allowing us to see, how much quality has been added in the context of these researches, particularly with regard to collaboration between members of the interdisciplinary team.

This article consists of reflecting on the contribution of Convergent Care Research to the construction of theoretical-practical knowledge about mental health care. It is about rethinking the relationships between the method and the real qualification and advances that have occurred in care in different devices of the Psychosocial Care Network (RAPS), based on the design in the practice of the research with the method in question. The theoretical basis was built by studies developed in the area of psychiatric and mental health nursing that used PCA as a methodology.

ESSENTIALITY OF THE ATTRIBUTES OF CONVERGENT CARE RESEARCH AND MENTAL HEALTH CARE PRACTICE

The PCA as a research approach was conceived by the faculty of the Graduate Nursing Program of the Federal University of Santa Catarina, in the years 1980 to 1990,

with the proposal of innovating nursing and health care practice. As a methodological framework, it has been used to disseminate the improvement of care practice, becoming an innovative technology in nursing care.

Regarding its applicability in the field of mental health, it is possible to identify that the use of PCA allows the improvement of the quality of nursing care. Regarding the hospitalization of the elderly, the author outlined, together with the nurses of the service, the elaboration of a documentation instrument that would meet the principles of the Psychiatric Reform and that would place the user as the protagonist of care, and thus, contribute to the integrality of the mental health of the elderly, by considering the psychic, emotional and social issues of subjects with rights to care at all levels of complexity (FERREIRA; TEIXEIRA, 2017).

In seeking to meet the stages of the research method, the researcher negotiated with interested directors and management coordinators. Then, with the nurses motivated to expand the nursing process in the referred service as a single language, the stages of data production began: follow-up of nursing records in medical records; knowledge of the target population; development of strategies to raise awareness of nurses' participation; realization of the dynamics of life and almanac and construction of knowledge from the clinical session.

The convergence between research and assistance in this study occurred mainly from the creation of dialogical spaces and exchange of knowledge, discovery and reconstruction of knowledge and the capacity for analysis, emphasizing the attributes of immersibility, simultaneity, expandability and dialogicity. By constructing an instrument that portrays nursing care for people who have aged in psychiatric institutions, it makes possible the alignment for care that can be created through the organization of the relationship, respecting the stages of the nursing process.

Nursing modifies its performance in mental health, based on the demands and scenarios that the specialty emerges in the context of the psychosocial care network. The look, process and desire for work are modified and adapted from these transformations, where the subject makes use of resources, such as qualified listening, "hoping", time, empathy and intuition, for his action (DUTRA, 2015). In the context of nursing care at the Psychosocial Care Center (CAPS), the purpose of the PCA in its assumptions seeks to apprehend the practice of the psychiatric nurse, verifying that it is based on the constructs of "Empathetic Intuiting", mediating the autonomy of the social subject, for the enjoyment of freedom.



Through the systematized process of participant observation and interviews, there was the possibility of bringing nurses closer to each other and to the researcher, in order to know their knowledge and practices in their daily lives, in the perspective of assimilating the care model used in the psychosocial network, potentialities, domains and expansion of a work proposal that envisioned the autonomy of the one who is cared for, through the empowerment of those who care.

It is verified that the applicability of PCA in the proposed specialty brings as an argument that the inherent modification to quality of life and mental health comes in different degrees, for each individual. In this context, subjectivity and soft technology are still incipient as elements of care for this clientele, especially when they are children and adolescents (RAMOS, 2013).

The methodological assumptions were followed through experiential workshops with the clientele, producing data, by adopting a validated questionnaire on quality of life (WHOQOL Bref, semi-structured interview and observation), respecting immersion, dialogue, and the permeability of the field. The use of the workshops, by light technology, greatly added positive repercussions to the quality of life of adolescents, becoming an innovative technological care product for that service, applied to the daily care routine, as a result of the method.

The use of the Autonomous Medication Management (GAM) guide, known as the GAM Guide, to facilitate the understanding of the medication prescriptions of people treated at a CAPS, seeks to meet the essentiality of the attributes of the PCA, comprising the following steps: negotiation of the research proposal with the use of the GAM Guide in the participating CAPS; completion of a sociodemographic questionnaire; signing the Informed Consent Form (ICF); and composition of the GAM groups and operationalization of the educational intervention with the groups. The following results were found as evidence: empowerment of users in the face of treatment; strategies for coping with the problems and contributions of the GAM Guide in the co-management of treatment (SANTOS, 2018).

The construction of the empowerment of the users, their understanding of therapeutic conducts articulated in a horizontalization with the professionals, as well as the elaboration of strategies to cope with the problems represented the significant convergence, and validated the immersibility, dialogicity and simultaneity between the research and the care in this study. The participation of the user and the way of maintaining the development of the therapeutic relationship among professionals is what qualifies mental health care, making the user the protagonist of his treatment and qualifying expandability as one of the essential attributes of the PCA (GARCIA et al., 2016).

The use of the PCA in the elaboration of the nursing consultation as a care proposal in a Child Psychosocial Care Center (CAPSi) aimed to build a nursing consultation design together with the nurses. During the stages of the PCA, the author outlined the conduction of 06 convergent meetings with the nurses as a strategy for the construction of the nursing consultation: description and analysis of the knowledge and practices of the nurses applied to the child, adolescent and family cared for in CAPSi; identification of limits and possibilities for performing nursing consultations; construction of an instrument to support the nursing consultation; evaluation of the applicability of the instrument and the feasibility of the nursing consultation with the approximation of the theoretical framework Tidal Model (TAVARES, 2018).

Finally, it is possible to identify that the PCA method seeks to find subsidies for the improvement of the care practices offered to users and family members in a CAPS, based on the perspectives and reflection of family members. For the author, this objective was met through the active participation of family members in what converged to the proposition of new care practices, from their perspective (PEREIRA, 2016).

It is important to emphasize that in all studies the rigor and primacy of PCA was observed, in the researcher's purposeful interest in a collective construction, in the search to compose an innovation in the care process. The inherent intentionality of the PCA is perceived, the search for this collective construction, going through ethical, technical, political and methodological components in an exhaustive way, which guarantees the rigor that the PCA requires.

On the other hand, the horizontality of the relationships that the PCA provides offers subsidies for the construction of care between professional and user and for the generation of forces articulated with freedom and autonomy for self-care (PAIM, 2014). Something that also favors knowledge in its relationship with emancipation and the use of care technologies.

It is worth highlighting the ethical commitment of the researcher to change in practice, not as a methodological norm, because above the methodological norm itself, there is the imposed ethical consideration.

FINAL CONSIDERATIONS

As a result of the use of this research methodology, participatory ascension is expected, development of the environment of convergent care research with dialogical intentionality and immersibility of the researcher in care practice, which is very adequate to the demands of mental health research.



It is evident how much was critically conjectured, to the point of building consistent and robust results that provoked not only changes, but that these proved to be in the character of lasting configurations. This is one of the strengths of the PCA method: the conduct is focused on the promotion of concrete care modifications, and this necessarily involves the change of the care team itself. In this case, the change was the intensification of collaborative relationships between the components of the care team, in view of the research and vice versa.

Convergent Care Research is widely accepted in the investigative field of Nursing, but urgently needs to be used in the field of mental health nursing. As it is a methodological resource allied to the social constructivist bases, it is allied without any impediment to the assumptions of the Psychiatric Reform and the work that mental health exercises.

Research proposals through methodological intersections of care and research, as in the studies evaluated in this reflection, allow contributing with new possibilities of adding notes, adding possibilities, fostering new theorizations or even updates of the modes of care in mental health, renewing the life of care practices, in the professional practice, in this specialty.



REFERENCES

1. Dutra, V. F. D. (2015). Por uma prática libertadora: a enfermagem psiquiátrica no território (Doctoral dissertation). Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro.
2. Ferreira, M. A., & Teixeira, M. L. O. (2017). Tecnologia de processo de cuidar construída com acompanhantes de idosos hospitalizados. In P. Trentini, L. Paim, & D. G. Silva (Eds.), *A convergência de concepções teóricas e práticas de saúde: uma reconquista da Pesquisa Convergente Assistencial* (1st ed., pp. xx-xx). Porto Alegre: Moriá.
3. Garcia, A. P. R. F., Freitas, M. I. P., Lamas, J. L. T., & Toledo, V. P. (2017). Nursing process in mental health: An integrative literature review. *Revista Brasileira de Enfermagem*, 70(1), 209-218. <http://dx.doi.org/10.1590/0034-7167-2016-0031>
4. Paim, L., Trentini, M., & Silva, D. G. V. (2016). Pesquisa convergente assistencial. In M. R. Lacerda & R. G. S. Costenaro (Eds.), *Metodologias da pesquisa enfermagem e saúde: da teoria à prática* (pp. xx-xx). Porto Alegre: Moriá.
5. Paim, L. (2014). Regras básicas na construção de uma pesquisa convergente assistencial. In P. Trentini, L. Paim, & D. G. Silva (Eds.), *Pesquisa Convergente Assistencial: Delineamento provocador de mudanças nas práticas de saúde* (3rd ed., pp. xx-176). Porto Alegre.
6. Pereira, F. P. (2016). Expectativas de familiares de adultos jovens quanto ao tratamento proposto em um Centro de Atenção Psicossocial (Master's thesis). Universidade Federal do Rio Grande do Sul, Programa de Pós-Graduação em Enfermagem.
7. Ramos, I. C. (2013). Promoção da saúde mental de adolescentes renais crônicos: a tecnologia leve no cuidado de enfermagem (Doctoral dissertation). Universidade Federal do Ceará, Faculdade de Farmácia, Odontologia e Enfermagem.
8. Santos, D. G. P. M. L. (2018). Repercussões da gestão autônoma da medicação para usuários de um Centro de Atenção Psicossocial (Master's thesis). Universidade Federal de Pernambuco, Programa de Pós-Graduação em Enfermagem.
9. Souza, M. C., & Afonso, M. L. M. (2015). Saberes e práticas de enfermeiros na saúde mental: desafios diante da reforma psiquiátrica. *Gerais: Revista Interinstitucional de Psicologia*, 8(2), 332-347. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202015000300004&lng=pt&nrm=iso. Accessed on: March 31, 2019.
10. Tavares, S. F. V. (2018). Consulta de enfermagem como proposta de atendimento no Centro de Atenção Psicossocial Infanto-Juvenil (Doctoral dissertation). EEAN/UFRJ, Rio de Janeiro.
11. Toledo, V. P., Ramos, N. A., & Wopereis, F. (2011). Processo de enfermagem para pacientes com anorexia nervosa. *Revista Brasileira de Enfermagem*, 64(1), 193-197. Available at: <http://www.scielo.br/pdf/reben/v64n1/v64n1a29.pdf>



12. Trentini, M., & Paim, L. (2004). Pesquisa convergente-assistencial: um desenho que une o fazer e o pensar na prática assistencial em saúde-enfermagem (2nd ed.). Florianópolis: Insular.
13. Trentini, M., Paim, L., & Silva, D. G. V. (2017). O método da pesquisa convergente assistencial e sua aplicação na prática de enfermagem. *Texto & Contexto - Enfermagem*, 26(4), e1450017.
14. Trentini, M., Paim, L., & Silva, D. G. V. (2008). An innovative approach to promote a healthy lifestyle for persons in chronic conditions in Brazil. In A. B. Turley & G. C. Hofmann (Eds.), *Life Style and health research progress*. New York: Nova Publisher.