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Qualified listening and embracement in psychosocial care

A escuta qualificada e o acolhimento na atenção psicossocial

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Abstract

Objective: To determine qualified listening and embracement in psychosocial care based on the users' perspective.
Methods: This qualitative study included eight users and was carried out at a Psychosocial Care Center. Data were collected using semi-structured interviews, observation and field records and were then organized and analyzed in thematic categories.
Results: The understanding of qualified listening was identified, along with changes produced afterward and user frustration over lack of listening.
Conclusion: We verified that qualified listening has therapeutic potential and can help improve centered care for patients with mental disorders.

Resumo

Objetivo: Apreender a escuta qualificada e o acolhimento na atenção psicossocial, na perspectiva de usuários.
Métodos: Pesquisa qualitativa realizada com oito usuários de um centro de atenção psicossocial, por meio de entrevistas semiestruturadas, observação e registros de campo. Os dados foram organizados e analisados em categorias temáticas.
Resultados: Identificou-se o entendimento da escuta qualificada, mudanças produzidas por esta, e frustrações diante da sua ausência, nos usuários.
Conclusão: Verificou-se que a escuta qualificada possui potencial terapêutico quando realizada, e contribui para a melhoria da atenção centrada na pessoa com transtorno mental.

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Introduction

Since the 1970s, psychiatric reform has been changing concepts and practices in the care of patients with mental disorders. This movement focuses on deinstitutionalization and implementation of a wider community network of substitute services. Psychiatric reform focused on care of patients with severe and persistent disorders and led to the establishment of Psychosocial Care Centers.[1]

This process has also resulted in changes to care models and, consequently, the way that nursing care is delivered. Therefore, the field for nurses has widened regarding related practice and is now more focused on the individual patient and his/her integrality.

Among nurses working in the psychiatric field, important researchers have been Peplau, who focused on the theory of interpersonal relations; Trevelbee, who established the importance of interpersonal relationship; and, in Brazil, Mizoni, who was concerned with the humanization of care.[2]

In this context, innovative care models have been developed that emphasized qualified listening, which involves dialogue, bonding, and embracement. It enables understanding of psychic suffering from the patient's point of view, valorizes his/her experience, and allows the health care provider to be alert to the patient's needs and circumstances that make up the patient's daily life. This facilitative and transformative instrument is strategic in the development of autonomy and social inclusion, and also in promotion of less endured ways of working.[3]

Because the Psychosocial Care Center is a restorative environment, qualified listening can occur through an individual or group approach that entails investment in the patients and their intra- and interpersonal relationships. When listening cannot be accomplished, the patient has an increased risk for and vulnerability to mental suffering.

Listening and dialogue are natural skills for humans, and listening is commonly perceived as common. This led us to believe that listening is instinctive. This tool is essential for the user to be attended in the care perspective as an integral action. And by this integral action it is possible to construct bonds and create relationships of embracement, respect for diversity, and singularity in the encounter between caregiver and care receiver.[4]

The aim of this study was to determine qualified listening and embracement, based on users' perspectives of a Psychosocial Care Center, because of the need to understand the dynamics of qualified listening, the manner in which the patient and caregiver interact, and the senses that are given by users in this area, because qualified listening can be used to evoke and delineate new nursing care models.

Methods

This qualitative, descriptive, and exploratory study enabled us to analyze qualified listening in psychosocial care throughout the experience of mental health service users. We used the theoretical reference of the National Humanization Policies of the Brazilian National Health System, which specify basic fundamentals, such as qualified listening, and that guide health practice and recognize the user as an active participant in health actions.[4]

We selected users who met the following inclusion criteria: age over 18 years and use of the service for at least three months. The sample was composed of eight individuals who received care in Psychosocial Care Center II, which is a unit designed mainly for young people and adults with severe or persistent mental disorders.[5]

Data were collected through private interviews; direct, structured, and systematized observation; video records and photos; and entries in a field diary. Interviews were transcribed and submitted to content analysis. Development of this study followed national and international ethical and legal aspects of research on human subjects.

Results

Most of interviewees attended the Psychosocial Care Center for three months to one year; most were men, Protestant, single, and in a stable relationship. Most participants had incomplete formal education (up to primary school), and family income was up to one times the Brazilian minimum wage.

To organize the data, mutual exclusion, homogeneity, pertinence, objectivity, fidelity, and productivity were used. The following thematic categories were defined: 1) understanding qualified listening, 2) changes that qualified listening can produce, and 3) frustration that nonqualified listening can produce.

Category 1: Understanding qualified listening

Participants reported situations in which they felt they were listened to and that were characterized by attention, comprehension, and availability. They emphasized the importance of being listened to by a professional on the service. They believed that listening is synonymous with trust, readiness, and respect for a person's individuality. Participants also emphasized the importance of confidentiality and that not everything should be written in records, in order to guarantee effective listening.

Category 2: Changes that qualified listening can produce

One interviewee affirmed that workers had listened to him and thus he grew to like them. However, paradoxically, the individual confirmed that his mother was the only person who knew more about his problem. Another user reported feeling relieved and unconcerned when the professional was willing to listen, and that when the listening was occurring it was perceived. It is also important to highlight that in qualified listening, the health care professional must listen with attention to the history and needs of the person who is experiencing mental suffering. The importance of the therapeutic relationship should be deeply considered. Users also reinforced that individual care can enable true listening because they felt comfortable when they were with the interviewer.

Users also emphasized that the felt their bodies and minds were healthier when they were listened to, highlighting the importance of professional availability for this activity.

Category 3: Frustrations produced by nonqualified listening

The interviewees were dissatisfied when they were not respected or understood. Such a perception can break the bond between patient and caregiver and promote negative feelings. The participants also affirmed a barrier to expressing themselves as the result of not being listened to before and a resultant worsening of their mental condition.

When in crisis, the patient can be compared to sensitive glass that is at risk for breaking. When his/her needs are not addressed, consequences arise, and often they are irreparable, just like broken glass. In particular, listening is considered an important component of suicide prevention efforts.

Users also affirmed the lack of ethics of some professionals when they disclose users' personal information to others, and this fact affects users' ability to trust others.

Users related listening to a feeling of being "heard". They also showed a willingness to understand that their family issues affect their lives.

Discussion

Limitations of our results are related to the methodology because the study was qualitative with a small sample. However, the study was able to provide in-depth content, despite the fact that the study sample consisted of persons experiencing mental suffering, who sometimes are not in a condition to express emotional, personal, and ethical issues. In addition, another limitation is the scarcity of recent publications on this topic.

The results obtained show the need to identify and understand the nuances of qualified listening by persons with mental suffering in a Psychosocial

Care Center, which contribute to the nurses' ability to foster interpersonal relationship and use qualified listening. Consequently, these results revealed ways in which to consolidate care networks by affirming bonds in a professional-user–centered approach and enabling nurses to improve their delivery of mental health care.

Creating a bond with the user that is conducive to effective treatment is possible only through listening that overcomes superficial and obvious issues. It also enables those who listen to determine the specific ways in which mental suffering can manifest in each patient.

The users in this study emphasized the elements needed for qualified listening: freedom, trust, comprehension, patience, willingness to help, attention, openness to allow fluent discussion of more in-depth topics, non-recrimination, and confidentiality.

Listening uses the therapeutic tool of empathy in communication between subjects that occurs independently of conscious intention. It enables establishment of a type of subjective exchange without speech intervention. As a consequence of this exchange, the subject's experience may be modified.[6]

The therapist-patient relationship is shown as a transference field in which the therapist takes the position of supposed knowledge; the therapist can adopt a strategy where the subject has a voice and is listened to completely and that is appropriate for the discourse.[7]

The sensibility of the user with regard to feeling listened to has direct therapeutic implications. It is important, for users, that professionals engage in deliberate listening to enable an in-depth assessment of their interior dynamics. The user also affirms that when he/she is not listened to, their treatment regresses and negative feelings increase, which can lead to interior conflicts and some tragic decisions.

It is important to debunk the belief that listening and dialogue are gifts. These are, instead, professional behaviors and communication techniques that facilitate the conversation between professional and user, and they should feature acceptance of others, empathy, and recognition of the user as an individual with rights.[8]

In mental health, listening, embracement, and bonding are characterized as prominent actions for interventions, and the strategic technologies for care in the territory enable a "therapeutic intimacy" in the sense that the worker is open to listening to the user's health needs, acquiring an embracement posture.[3]

Users considered that listening is indispensable for their lives and that if shown early would result in positive results in relation to their therapy. When listening involves freedom of expression, it becomes crucial for effective treatment.

Humanization must be part of nursing care. The physical environment and material and technological resources are important. However, they are not more significant than the human essence that guides thinking and action and enables construction of a more human reality that is less aggressive and hostile for those engaging with health institutions daily.[9]

In mental health, the therapist himself or herself is fundamental to the relationship with those in psychic suffering. Listening is one element of this relationship and is established in the face-to-face meeting between the therapist and user, i.e., when both communicate to sharing the same time and space.[10]

Basic components of effective communication in the clinic include non-selective listening skills (such as verbal and non-verbal behavior) and selective skills (such as open questions, avoiding overloading the user with "why" questions, paraphrasing the content, expressing feelings, and concretizing and summarizing the history reported).[8]

Listening strengthens the bonds between patient and care provider, as well as values, and it enables the expression of suffering, needs, doubts, and affection. It also produces relief and feeling of resolution toward demands, which is essential in the health area, especially in mental health, when voice is given to the suffering of others, to support the patient in resolving their problems.[3]

Conclusion

Qualified listening has therapeutic potential and also helps improve centered care for those with mental disorders. This listening accesses the human subjective field when conducted appropriately; for the person experiencing mental suffering, qualified listening can lead to resolution of his/her problems, availability, comprehension, trust, and respect. When listening is offered, the condition and expression of users improve; when listening is deficient, it creates difficulties with such expression and worsens mental status and maintenance of life.

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Collaborations

Maynart WHC; Albuquerque MCS; Brêda MZ and Jorge JS declare that contributed to the conception and project design, analysis and interpretation of data, drafting the article, critical revision of the important intellectual content and approval of the version to be published.

References

1. Tanaka OY, Ribeiro EL. [Mental health in primary care: ways to reach an integral care]. Ciênc Saúde Coletiva. 2009 ;14(2): 477-86. Portuguese.
2. Silva KV, Monteiro AR. The family in mental health: support for clinical nursing care. Rev Esc Enferm USP. 2011;45(5):1237-42.
3. Mielke FB, Olshowsky A. [Actions of mental health in family health strategy and the health technologies]. Rev Esc Anna Nery. 2011;15(4):762-8. Portuguese.
4. Raimundo JS, Cadete MM. Qualified listening and social management among health professionals. Acta Paul Enferm. 2012; 25(Spe 2):61-7.
5. Brasil. Ministério da Saúde. Portaria n.º 3088/GM, de 23 de dezembro de 2011. 2011 [Internet]. Diário Oficial União, Poder Executivo. Brasília: Ministério da Saúde [citado 2013 Fev 15]. Disponível em:ftp://ftp.saude.sp.gov.br/ftpsessp/bibliote/informe_eletronico/2012/iels.jan.12/Iels01/U_PT-MS-GM-3088-REP_231211.pdf.
6. Pimentel PK, Coelho Junior N. [Some notes about the use of empathy in borderline cases and situations]. Psicol Clin. 2009;21(2):301-14. Portuguese.
7. Vieira Filho NG, Rosa MD. [Unconscious and everyday life in the practice of psychosocial attention in mental health]. Psicol Teor Pesqui. 2010;26(1):49-55. Portuguese.
8. Barros RS, Botazzo C. [Subjectivity and a clinical approach in primary healthcare: narratives, life histories and social reality]. Ciênc Saúde Coletiva. 2011; 16(11):4337-48. Portuguese.
9. Duarte ML, Noro A. [Humanization: a reading from the understanding of nursing professionals]. Rev Gaúcha Enferm. 2010;31(4):685-92. Portuguese.
10. Nasi C, Schneider JF. The Psychosocial Care Center in the everyday lives of its users. Rev Esc Enferm USP. 2011;45(5):1157-63.